

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR -7 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001908 (3)**

1. Corporation Name

**GUNDE LINING CONSTRUCTION CORP.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
19103 GUNDE ROAD HOUSTON TX 77073	19103 GUNDE ROAD HOUSTON TX 77073

3. Date Incorporated or Qualified <b>04/21/1993</b>	3a. Date of Last Report <b>06/27/1994</b>
4. FEI Number <b>76-0101539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent

**WOLFE, LARRY**  
200 - A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DCEO</b>
NAME	<b>CALTRIDER, THOMAS L</b>
STREET ADDRESS	<b>19103 GUNDE RD</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>DVP</b>
NAME	<b>MATHIESON, MICHAEL C</b>
STREET ADDRESS	<b>19103 GUNDE ROAD</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>DVPC</b>
NAME	<b>KLATT, ROGER J</b>
STREET ADDRESS	<b>19103 GUNDE RD</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>CC</b>
NAME	<b>ST CLAIR, KEITH E</b>
STREET ADDRESS	<b>19103 GUNDE ROAD</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>VP</b>
NAME	<b>STRUVE, FRIEDRICH</b>
STREET ADDRESS	<b>19103 GUNDE RD</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director/VP/Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Case, C. Wayne</b>
1.3 STREET ADDRESS	<b>19103 Gundle Road</b>
1.4 CITY - ST - ZIP	<b>Houston, TX 77073</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>Deleted</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>Director/VP/CFO/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Klatt, Roger J.</b>
3.3 STREET ADDRESS	<b>19103 Gundle Road</b>
3.4 CITY - ST - ZIP	<b>Houston, TX 77073</b>
4.1 TITLE	<b>Corp. Controller/Asst. Treas.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>St. Clair, Keith E.</b>
4.3 STREET ADDRESS	<b>19103 Gundle Road</b>
4.4 CITY - ST - ZIP	<b>Houston, TX 77073</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>Deleted</b>
5.4 CITY - ST - ZIP	
6.1 TITLE	<b>President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Steinke, James T.</b>
6.3 STREET ADDRESS	<b>19103 Gundle Road</b>
6.4 CITY - ST - ZIP	<b>Houston, TX 77073</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Keith E. St. Clair* **Keith E. St. Clair, Asst. Treas./Corp. Controller 2/27/95**  
(Print Name and Title of Signing Officer or Director) (Date)  
 Telephone No. **(713) 443-8564**