FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:55

DOCUMENT # F93000002850 (6)

1. Corporation Name

STEWART & STEVENSON SERVICES, INC.

Principal Place of Business

ATTN: TAX MANAGER
P.O. BOX 1637
HOUSTON TX 77251-1637

Mailing Address

ATTN: TAX MANAGER
P.O. BOX 1637
HOUSTON TX 77251-1637

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 06/21/1993

3a. Date of Last Report: 03/16/1994

4. FEI Number: 74-1051605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City
FL 35 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	O'NEAL, BOB H
STREET ADDRESS	10103 LONGWOODS
CITY-ST-ZIP	HOUSTON TX
TITLE	VTD
NAME	HARGRAVE, ROBERT L
STREET ADDRESS	8880 CHATSWORTH
CITY-ST-ZIP	HOUSTON TX
TITLE	V
NAME	HAMMER, C. LAROY
STREET ADDRESS	414 HOLLOW
CITY-ST-ZIP	HOUSTON TX
TITLE	V
NAME	ANDREWS, T. MICHAEL
STREET ADDRESS	8823 HEATHER CIRCLE
CITY-ST-ZIP	HOUSTON TX
TITLE	VD
NAME	STEVENSON, DONALD E
STREET ADDRESS	2707 NORTH LOOP WEST
CITY-ST-ZIP	HOUSTON TX 77008
TITLE	V
NAME	STEVENSON, KEITH T
STREET ADDRESS	6022 PARK CIRCLE
CITY-ST-ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19__

1.1 TITLE		☐ Change ☑ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2 BLALOCK CIRCLE	
2.4 CITY-ST-ZIP	HOUSTON, TX 77024	
3.1 TITLE		☐ Change ☑ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

77024 77024 77055 77057

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 119.07(3)(i), 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 if changed, or on an attachment with an X in Block 13.

SIGNATURE: Robert L. Hargrave 1/27/95 713-868-7100
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0302037 CP