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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000002850 (6)**

1. Corporation Name

STEWART & STEVENSON SERVICES, INC.

Principal Place of Business	Mailing Address
ATTN: TAX MANAGER P.O. BOX 1637 HOUSTON TX 77251-1637	ATTN: TAX MANAGER P.O. BOX 1637 HOUSTON TX 77251-1637

3. Date Incorporated or Qualified: **06/21/1993**
3a. Date of Last Report: **02/06/1995**

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

2a. Mailing Address
26: **P.O. BOX 1637**
27: Suite, Apt. #, etc.: **ATTN: LEGAL DEPT**
28: City & State: **HOUSTON, TX**
29: Zip: **77251-1637** 30: Country:

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 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: Signature, typed or printed name of registered agent and date, as applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO O'NEAL, BOB H 10103 LONGWOODS HOUSTON TX	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P O'NEAL, BOB H. 10103 LONGWOODS HOUSTON, TX 77024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD HARGRAVE, ROBERT L 2 BLALOCK CIRCLE HOUSTON TX	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CEOTD HARGRAVE, ROBERT L. 2 BLALOCK CIRCLE HOUSTON, TX 77024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAMMER, C. LAROY 414 HOLLOW HOUSTON TX	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V HAMMER, C. LAROY 414 HOLLOW HOUSTON, TX 77024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANDREWS, T. MICHAEL 8823 HEATHER CIRCLE HOUSTON TX	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V ANDREWS, T. MICHAEL 8823 HEATHER CIRCLE HOUSTON, TX 77055	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEVENSON, DONALD E 2707 NORTH LOOP WEST HOUSTON TX 77008	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STEVENSON, KEITH T 6022 PARK CIRCLE HOUSTON TX	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	V STEVENSON, KEITH T. 6022 PARK CIRCLE HOUSTON, TX 77057	☒ Change ☐ Addition

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)(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 above, or on an attachment with an address.

SIGNATURE: _____ **2/14/96** **(713) 868-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE E. WILSON

Date: **2/14/96** Daytime Phone #: **(713) 868-7700**

CR2E034 (12/95)