**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400003131

1. Corporation Name

PLANT & MACHINERY, INC.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90255 044 \*\*\*150.00



Principal P ace of Business Mailing Address							),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 85:05 (//6/ //6	
PO BOX 19100 HOUSTON TX 7	77224-9100	PO 80X 19100 HOUSTON TX 77224-9100				DO NOT W	RITE IN TH	IS SPACE		
						3. Date Inc. 06/15/	orporated or Qualife	ed .		
Principal Place of Business     2a. Mailing Address						4. FEI Nun	ber			Applied For
<b>8705</b>	Katy Fwy, Ste 300	26		_		<u>76-01</u>	<u> 10724                                     </u>			Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcat	e of Status Desired		<b>+</b>	Additional Required
City & State	ton, TX	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Cour try 4-1710 25 USA	Zip 30	Countr	у		Persor a	poration owes the co		Yes	ĭ¥No
	9. Name and Address of Current	<del></del>				10. Name a	nd Address of Nev	v Register€	d Agent	
			8	1 Nam	е					:
BRAMAN, JULIE 47TH FLOOR				2 Stree	Ac dre	ress (P.O. Box Number is Not Acceptable)				
200 SOUTH BISCAYNE BLVD			8	3						
MIAM	N FL 33131								10-1 7:	
			8	4 City				F	L 85 Zip	ρ Code
office crre agent. Las SIGNATURE	to the provisions of St ctions 607,050/ egistered agent, or bo h, in the State of m familiar with, and accept the obligat	of Florida, Such change was autrions of, Section 607,0505, Florid	orized b a Statute	y the co	poreitio	in s board of (ii	rectors. I hereby ac	cept the app	ointment as	reg stered
	Signature, typed or printed na ne of registered agen		<u> </u>	ent signatu	e regured	when reinstating)	NS/CHANGES TO		AND DIRECT	TOF'S IN 12
12.	OFFICERS AN	T DELETE	13.			ADDITION	NO CHANGES TO	<u> </u>	☐ Change	
TITLE	Braman, Robert J		1.2 NAME						_ `	_
NAME STREET ADDRESS	2923 KENROSS		1	ET ADDRES	s					
CITY-ST-ZIP	HOUSTON TX 77043		1.4 CITY-							
TITLE	VCVT	☐ DELETE	2.1 TITLE		+				☐ Change	e Addition
NAME !	MOORE, RONALD G	2.2'		2.2 NAME						
STREET ADDRESS	22502 BAY HOLLOW		2.3 STRE	ET ADDRES	s					
CITY-ST-ZIP	KATY TX 77450		2.4 CITY	-ST-ZIP						
TITLE	S	☐ DELETE	3.1 TITLE						Change	e 🗌 Addition
NAME	MASSEY, MICHAEL		3.2 NAME	<u> </u>						
STREET ADDRESS	1400 POST OAK BLVD STE 40	0	3.3 STRE	ET ADDRES	is					
CITY-ST-ZIP	HOUSTON TX	<del></del>	3.4. CITY	-ST-ZIP						
ππ.Ε		☐ DELETE	4.1 TITLE						Chang	e 🗌 Addition
NAME			4, 2 NAM	E						İ
STREET ADDRESS			4.3 STRE	ET ADDRES	is					
CITY-ST-ZIP		<del></del>	4.4 CITY		₩-					e Addition
TITLE		☐ DELETE	5.1 TITLE						Chang	в Цимпром Ц
NAME			5.2 NAME							
STREET ADDRESS				ET ADDRES	10					
CITY-ST-ZIP			5.4 CITY-		+	<del></del>			Chang	e Addition
TITLE		T DEFETE	6.2 NAME						0,13119	
NAME			1		:e					
STREET ADDRESS			6.3 STRE	ET ADDRES	10					

64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further contributes 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 corporator 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 address, with a lother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald G. Moore Vice-Pres.