

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90052 027 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000004160

1. Corporation Name

ECI SERVICES OF FLORIDA, INC.

Principal Place of Business

415 SOUTH FIRST, STE 210  
LUFKIN TX 75901  
US

Mailing Address

P.O. DRAWER 100  
LUFKIN TX 75902-0100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

4. FEI Number

75-2553035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1929 ALLEN PARKWAY

26 P O BOX 130548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10 TH FLOOR

27

City & State

City & State

23 HOUSTON TX

28 HOUSTON TX

Zip Country

Zip Country

24 77019

25

USA

29 77219-0548

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HUNTER III, JAMES P  
STREET ADDRESS 415 SOUTH FIRST, STE 210  
CITY-ST-ZIP LUFKIN TX 75901  
☒ DELETE

1.1 TITLE PD  
1.2 NAME JOSEPH A BRANDENBURG  
1.3 STREET ADDRESS 1929 ALLEN PARKWAY  
1.4 CITY-ST-ZIP HOUSTON TX 77019  
☒ Change ☐ Addition

TITLE V  
NAME WELLS, BILLY C  
STREET ADDRESS 415 SOUTH FIRST, STE 210  
CITY-ST-ZIP LUFKIN TX 75901  
☒ DELETE

2.1 TITLE VP  
2.2 NAME KENNETH W CONKLIN  
2.3 STREET ADDRESS 1929 ALLEN PARKWAY  
2.4 CITY-ST-ZIP HOUSTON TX 77019  
☒ Change ☐ Addition

TITLE V  
NAME GERNER, W CARDON  
STREET ADDRESS 415 SOUTH FIRST, STE 210  
CITY-ST-ZIP LUFKIN TX 75901  
☒ DELETE

3.1 TITLE VP  
3.2 NAME CURTIS G BRIGGS  
3.3 STREET ADDRESS 1929 ALLEN PARKWAY  
3.4 CITY-ST-ZIP HOUSTON TX 77019  
☒ Change ☐ Addition

TITLE V  
NAME ROTTMAN, JACK  
STREET ADDRESS 415 SOUTH FIRST, STE 210  
CITY-ST-ZIP LUFKIN TX 75901  
☒ DELETE

4.1 TITLE SD  
4.2 NAME SUZANNE DINEFF  
4.3 STREET ADDRESS 1929 ALLEN PARKWAY  
4.4 CITY-ST-ZIP HOUSTON TX 77019  
☒ Change ☐ Addition

TITLE STV  
NAME PARKER, SUSANNE  
STREET ADDRESS 415 SOUTH FIRST, STE 210  
CITY-ST-ZIP LUFKIN TX 75901  
☒ DELETE

5.1 TITLE TREASURER  
5.2 NAME JOHN H LOHMAN JR  
5.3 STREET ADDRESS 1929 ALLEN PARKWAY  
5.4 CITY-ST-ZIP HOUSTON TX 77019  
☒ Change ☐ Addition

TITLE V  
NAME BURCH, CARLETON R  
STREET ADDRESS 415 SOUTH FIRST, STE 210  
CITY-ST-ZIP LUFKIN TX 75901  
☒ DELETE

6.1 TITLE D  
6.2 NAME LISA M NEWBURN  
6.3 STREET ADDRESS 1929 ALLEN PARKWAY  
6.4 CITY-ST-ZIP HOUSTON TX 77019  
☒ Change ☐ Addition

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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN H. LOHMAN JR 3/30/99 713/522-5141