

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P31566 (3)**

1. Corporation Name

CATHODIC PROTECTION SERVICES COMPANY



Principal Place of Business

Mailing Address

7700 SAN FELIPE
#340
HOUSTON TX 77063
US

7700 SAN FELIPE
#340
HOUSTON TX 77063
US

3. Date Incorporated or Qualified **10/29/1990** 3a. Date of Last Report **04/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 52-1519084	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable	
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 the filer, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, MICHAEL F.	1.2 NAME	
STREET ADDRESS	7700 SAN FELIPE, STE 340	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN	2.2 NAME	
STREET ADDRESS	7700 SAN FELIPE, STE 340	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT, J.B.	3.2 NAME	
STREET ADDRESS	7700 SAN FELIPE, STE 340	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWYKA, N.L.	4.2 NAME	
STREET ADDRESS	7700 SAN FELIPE, STE 340	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZE, J. ALEC	5.2 NAME	
STREET ADDRESS	7700 SAN FELIPE, STE 340	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	
TITLE	AC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, P A	6.2 NAME	
STREET ADDRESS	50 SOUTH FIRST AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	COATESVILLE PA	6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

J. Alec Mize

J. Alec Mize

1/24/96

(713)784-7378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)