May 05, 1999 8:00 am Secretary of State

05-05-1999 90161 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P37598

 Corporation 	n Name						
OPERATOR SERVICE COMPANY							
Principal Place of Business Mailing Address							
5302 AVE Q 5302 AVD Q							
LUBBOCK TX 79412 LUBBOCK TX 79401					DO NOT WRITE IN THIS SPACE		
us us					3. Date Incorporated or Qualifed		
					02/21/1992		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	I Aı	pplied For
21	¬ ' — — — — — — — — — — — — — — — — — —		0		75-2180408	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional	
22	27				5. Certificate of Status Desired	Fee R	equired
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
					Trust Fund Contribution	Added	to Fees
Zip	Country Zip		Country	, ,			
24	25 29 79412 30		10		Personal Property Tax.	Yes	ÄNo
Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
THE ODENTICE HALL CORDODATION SYSTEM INC				Name			
THE PRENTICE-HALL CORPORATION SYSTEM INC.			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET							
SUITE 105 TALLAHASSEE FL 32301			83	'.			
IALLAMASSEE PE 32301			84	84 City FL 85 Zip		Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				e-named cor	noration submits this statement for the nurnos	e of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized by	the corporat	ion's board of directors. I hereby accept the a	ppointment as re	egistered
-	m jamiliai with and accept the congat	10113 01, 3600001 007,0303, 1 10110	a otatoto	··			[
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE, R	Registered Age	nt signature requir	red when reinstating) DAT		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	CDS	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	SMITH, MICHAEL R.		1.2 NAME				
STREET ADDRESS	5302 AVD Q		1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY- S	T- ZIP			
TITLE	PTD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	OMITTI, WITH		2.2 NAME	Ì			
STREET ADDRESS	SOUL AND G		2.3 STREE	T ADDRESS			İ
CITY-ST-ZIP	E octor		2. 4 CITY-1	ST-ZIP		Change	Addition
TITLE	D					□ change	☐ Addition
NAME	LITTICALETT, VIITORE D.		3.2 NAME				
STREET ADDRESS	10748 ST. LAZARE		3.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX		3.4, CITY-ST-ZIP			Change	Addition
TITLE			4.1 TITLE			ondingo	
NAME	BEALL, CHARLES		4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	DOLLAR		4.4 CITY-S 5.1 TITLE	ST-ZIP		Change	Addition
TITLE	D		5.7 ITILE				
NAME	MANN, NOBERT C.			T ADDRESS			
STREET ADDRESS	1363 300TH BIOCAT		5.4 CITY-S				
CITY-ST-ZIP	AUNONA CO		6.1 TITLE			☐ Change	Addition
TITLE		[DC-1-1	6.2 NAME				
NAME CTOPET ADDOCCE			•	T ADDRESS			
STREET ADDRESS							ı

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 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 withy an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: