

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40357

1. Entity Name

TRINITY CONTRACTORS, INC. N/C 1-16-01 (TM) ✓  
Encompass Ind. / Mech. of Texas, Inc.

Principal Place of Business

2425 DILLARD STREET  
GRAND PRAIRIE TX 75051-1078

Mailing Address

3 GREENWAY PLAZA  
SUITE 2000  
HOUSTON TX 77046  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-1758499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MUNSON, ROBERT, III	
STREET ADDRESS	2425 DILLARD STREET	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JONES, EUGENE	
STREET ADDRESS	114 SIMMONS	
CITY-ST-ZIP	TRUSSVILLE AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOPKINS, DILLARD E.	
STREET ADDRESS	2425 DILLARD STREET	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	STODGHILL, ROBERT D.	
STREET ADDRESS	2425 DILLARD STREET	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, JAMES W.	
STREET ADDRESS	2425 DILLARD STREET	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARKS, ROBERT	
STREET ADDRESS	2425 DILLARD STREET	
CITY-ST-ZIP	GRAND PRAIRIE TX	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James C. Haltom	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Fleming	
STREET ADDRESS	2425 Dillard Street	
CITY-ST-ZIP	Grand Prairie, TX 75051	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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

3/7/01 713-860-0100  
Date Daytime Phone #

CR2E034 (10/00)