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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 651 AERO DR SHREVEPORT LA 71107 M4 (4) Mailing Address 651 AERO DR SHREVEPORT LA 71107-6943					3. Date Incorporated or Qualified 3a. Date of Last Report				
					 Date Incorporated or Qualified 09/22/1978 		e of Last Re 2/1996	eporl	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
Sulte, Apt.	# ala	Suite, Apt. #, etc.			72-0793598			t Applicable	
2	π, οι <i>ο.</i>	27			5. Certificate of Status Desired		\$8.75 A		
City & Stat	de	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t			
Zip 24	Country Zip 25 29			Country 8. This corporation has liability for Florida Statutes .			or intangible tax under s. 199.032, ☐ Yes X No		
	9. Name and Address of Curre	ent Registered Agent		B1 Namo	10. Name and Address of New R	legistered Ag	jent		
	CORPORATION SYSTEM D S. PINE ISLAND ROAD				,	1 ·			
	NTATION FL 33324		3	Street Add	Address (P.O. Box Number is Not Acceptable)				
			3	33					
			8	34 City		F-1	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607 05	502 and 607 1508. Florida Stati	utes the abo	ove-named cor	rporation submits this statement for the ation's board of directors. I hereby according	FL purpose of c	hanging it	s registered	
SIGNATURE	Signature, lyped or printed name of registered a		DIE: Registered /	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND [
title Name	ACREE, JERRY L.		1.1 INL 1.2 NAV	· \		L	_) Change	L'1 Wondon	
STREET ADDRESS	I			EE1 ADDRESS					
CITY-ST-ZIP	SHREVEPORT, LA 00000		14 CH)	/- \$1 - ZIP					
TALE	P	☐ DELETE	2.1 NAN 2.2 NAN	1		L	Change	Addition	
NAME STREET ADORESS	BARNES, C D 238 ROSSITTER			EET ADDRESS					
CITY-ST-ZIP	SHREVEPORT, LA 00000	Tale Control of the C		Y-\$1-716'					
TITLE	D	DELETE	3.1 TiTL				Change	Addition	
NAME	SHIRLEY,R.H.		3.2 NAM	- {					
STREET ADDRESS CITY-ST-ZIP	1157 GOODSBERRY SHREVEPORT, LA 00000			EET ADORESS Y-ST-ZIP					
TITLE	ST STATE OF THE ST	DELETE	4.1 TITL			Ţ.	Change	Addition	
NAME	BARNES, CLIFF		4.2 N						
STREET ADDRESS	9601 HACKBERRY			ELI ADDRESS	• • •				
CITY-ST-ZIP TITLE	SHREVEPORT LA 71115	DELETE	4.4 City 5.1 Till	F F		Т	Change	Addition	
NAME			5.2 NAM			_			
STREET ADDRESS			5.3 STR	EE1 ADDRESS					
CITY-ST-ZIP		Planter		(-ST-ZIP		·	7 Chanas	A delition	
TITLE NAME		☐ DELETE	6.1 1/1L 6.2 NAM	J		L	Change	Addition	
street address				LET ADDRESS					
CITY-ST-ZIP			ı	(-SI-ZIP					
	by certify that the information suppl	and with this filing does not our			ed in Section 119.07(3)(i), Florida Statut	es I further c	ertify that	the	

I have the same legal effect as if made under oath; that in the exemption stated in section 119.07(3)(i), Florida Statutes, intrinsic 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 trusted 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 exactly lient with an address.

April 30.07

FILED

May 08 1997 8:00am

Secretary of State