

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sorenna B. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P39611 (9)

1. Corporation Name:  
**WATERS, PARKERSON & CO., INC.**



Principal Place of Business

512 WHITNEY BLDG.  
228 ST. CHARLES AVE.  
NEW ORLEANS LA 70130

Mailing Address

512 WHITNEY BLDG.  
228 ST. CHARLES AVE.  
NEW ORLEANS LA 70130

2. Principal Place of Business

21 State, Apt #, etc:

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 State, Apt #, etc:

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**07/13/1992**

3a. Date of Last Report  
**03/20/1995**

4. FEIN Number  
**72-0714207**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 199.032 and 199.033, 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 approved 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 199.033, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>PCD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>PARKERSON, GODFREY R.</b> |                                 |
| STREET ADDRESS | <b>228 ST. CHARLES AVE.</b>  |                                 |
| CITY, ST, ZIP  | <b>NEW ORLEANS LA</b>        |                                 |
| TITLE          | <b>VD</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>MARTIN, GEORGE W.</b>     |                                 |
| STREET ADDRESS | <b>228 ST. CHARLES AVE.</b>  |                                 |
| CITY, ST, ZIP  | <b>NEW ORLEANS LA</b>        |                                 |
| TITLE          | <b>S</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>GENSLER, PHILIP JR.</b>   |                                 |
| STREET ADDRESS | <b>228 ST. CHARLES AVE.</b>  |                                 |
| CITY, ST, ZIP  | <b>NEW ORLEANS LA</b>        |                                 |
| TITLE          | <b>T</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>CARROLL, FREDERICK S.</b> |                                 |
| STREET ADDRESS | <b>228 ST. CHARLES AVE.</b>  |                                 |
| CITY, ST, ZIP  | <b>NEW ORLEANS LA</b>        |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>GRISWOLD, GEORGE II</b>   |                                 |
| STREET ADDRESS | <b>228 ST. CHARLES AVE.</b>  |                                 |
| CITY, ST, ZIP  | <b>NEW ORLEANS LA</b>        |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY, ST, ZIP  |                              |                                 |

13.

|                    |   |
|--------------------|---|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS  |   |
| 3. CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME            |   |
| 5. STREET ADDRESS  |   |
| 6. CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME            |   |
| 8. STREET ADDRESS  |   |
| 9. CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is true, correct, complete and true, 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 holder of a power of attorney, and that my name appears in Block 12 or Block 13 if changed, or on an affidavit as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: *Philip Gensler Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

504-581-2022

CR2E034 (12/95)