

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90007 043 ***150.00

DOCUMENT # 150501

1. Corporation Name

ALLRIGHT NEW ORLEANS, INC.

Principal Place of Business

1120 PRAIRIE ST.
P.O. BOX 53390
HOUSTON TX 77052

Mailing Address

1120 PRAIRIE ST.
P.O. BOX 53390
HOUSTON TX 77052



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1947

4. FEI Number

59-0564142

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 201 St Charles Ave

Suite, Apt. #, etc.

22 Suite 4205

City & State

23 New Orleans LA

Zip

24 70170

Country

25 USA

2a. Mailing Address

26 1313 MAIN STREET

Suite, Apt. #, etc.

27 PO BOX 53390

City & State

28 HOUSTON TX

Zip

29 77002

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME STONE, MONTY
STREET ADDRESS 808 TRAVIS, STE 1410
CITY-ST-ZIP HOUSTON TX

TITLE T ☐ DELETE

NAME PAGE, LARRY A
STREET ADDRESS 1111 FANNIN, SUITE 1300
CITY-ST-ZIP HOUSTON TX

TITLE VP ☒ DELETE

NAME LAYDEN, A.J.
STREET ADDRESS 1111 FANNIN, SUITE 1300
CITY-ST-ZIP HOUSTON TX

TITLE VSD ☐ DELETE

NAME TRAVIS, ANDREW D
STREET ADDRESS 1111 FANNIN, SUITE 1300
CITY-ST-ZIP HOUSTON TX

TITLE D ☒ DELETE

NAME MEYER, BERNARD M
STREET ADDRESS 1111 FANNIN, SUITE 1300
CITY-ST-ZIP HOUSTON TX

TITLE AST ☒ DELETE

NAME WISE, KEITH
STREET ADDRESS 1120 PRAIRIE ST
CITY-ST-ZIP HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME CARTER, VAN B.
1.3 STREET ADDRESS ONE COMMERCE SQUARE, SUITE 1105
1.4 CITY-ST-ZIP MEMPHIS TN 38103

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1313 MAIN STREET
2.4 CITY-ST-ZIP HOUSTON TX 77002

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VD
3.3 STREET ADDRESS SHAY, GREGORY P.
3.4 CITY-ST-ZIP 1313 MAIN STREET
HOUSTON TX 77002

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME V
4.3 STREET ADDRESS MORALES, TIMOTHY
4.4 CITY-ST-ZIP 201 ST CHARLES AVENUE, STE 4205
NEW ORLEANS, LA 70170

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME VD
5.3 STREET ADDRESS CHEN, TERRY
5.4 CITY-ST-ZIP 1313 MAIN STREET
HOUSTON TX 77002

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME V
6.3 STREET ADDRESS FINLEY, RICHARD A.
6.4 CITY-ST-ZIP 1313 MAIN STREET
HOUSTON TX 77002

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 with an address, with all other like empowered.

SIGNATURE: Andrew D. Travis, Secretary 3/18/1999 713/986-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)