

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:13

DOCUMENT # F93000004305 (9)

1. Corporation Name

DESSELLE-MAGGARD CORPORATION

Principal Place of Business

P.O. BOX 86630
BATON ROUGE LA 70879-6630

Mailing Address

P.O. BOX 86630
BATON ROUGE LA 70879-6630

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

03/18/1994

4. FEI Number

72-1007009

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

2. Principal Place of Business

21 19151 HIGHLAND ROAD

Suite, Apt., etc.

2a. Mailing Address

26 P.O. Box 86630

Suite, Apt., etc.

23 City & State

BATON ROUGE, LA.

27 City & State

BATON ROUGE, LA.

24 Zip

70804

25 Country

LA

28 Zip

70879

29 Country

LA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS
1200 SOUTH 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 CP
NAME MAGGARD, L. ERNEST
STREET ADDRESS 19111 BEACONWOOD DRIVE
CITY-ST-ZIP BATON ROUGE LA 70817

TITLE ~~CEO~~
NAME ~~DESSELLE, MORRIS J JR.~~
STREET ADDRESS ~~80050 DUFF ROAD~~
CITY-ST-ZIP ~~WALKER LA 70785~~

TITLE S
NAME MONIOTTE, CHARLES
STREET ADDRESS 322 JAN MAR DRIVE
CITY-ST-ZIP DENHAM SPRINGS LA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/95

504-253-3290