

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 05 1997 8:00 am
Secretary of State

DOCUMENT # **F93000005595 (4)**

1. Corporation Name

ENTERGY INTEGRATED SOLUTIONS, INC.



Principal Place of Business

**4740 SHELBY DR., #105
MEMPHIS TN 38118**

Mailing Address

**4740 SHELBY DR., #105
MEMPHIS TN 38118-7411**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

08/19/1996

4. FEI Number

62-1517604

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 ☐

9. Name and Address of Current Registered Agent

**CT 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

10. Name and Address of New Registered Agent

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 required for the name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
LANDY, RICHARD J
4740 SHELBY DR., #105
MEMPHIS TN 38118**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
HAMRIC, LAURENCE M
37 ENGLISH TURN
NEW ORLEANS LA 70131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
THOMPSON, MICHAEL G
225 BARONNE ST., 28TH FLOOR
MEMPHIS TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MCINVALE, GERALD D
639 LOYOLA AVE.
NEW ORLEANS LA 70112**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
BOSCH, JOHN L
4740 E. SHELBY DRIVE, #105
MEMPHIS TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
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

☐ Change

☐ Addition

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☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. BOSCH

1-27-97

Date

Daytime Phone #

**BARBARA HANCOCK
901-542-5915**

CR2E034 (9/96)