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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F9400000264 (1) DOCUMENT #
1. Corporation Name

Principal Place of B 8356 TOM DR. BATON ROUGE		Mailing Address 8356 TOM DR. BATON ROUGE LA	70815				
3 David					3. Date Incorporated or Qualified 01/19/1994	3a. Date of L 06/3	ast Report 0/1995
2. Principal Place of Business 2:		28. Maling Address			4. FEI Number 36-3668269		Applied For
Suite, Apt. #, etc.		Suite Apt. #, etc.	- L				Not Applicate
2 City & State		27	<u> </u>		5. Certificate of Status Desired		8.75 Additional Fee Required
3		City & State	 ,		6. Election Campaign Financing		5.00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution 8. This corporation has liability for i		Added to Fees
	25	29	30		Florida Statutes Yes		ders 199.032,
	Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Ager	ıt
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			81 Name 82 Street Addr				
					ess (P.O. Box Number is Not Acceptable	e)	
PLANTATIO	N FL 33324		83				
			84	City			·
Pureuant to the	provious of Control Control		1 1		ation submits this statement for the purp	FL 85	Zip Code
IEET ADDRESS 1	OLAND, JAMES W JR 879 APPLEWOOD RD.	DELETE	1 1 TITLE 12 NAME 13 STREET A	DORESS .	ADDITIONS/CHANGES TO OFFIC	☐ Cha	
	ATON ROUGE LA 70808		1.4 Cri + - ST-				
	OLAND, SUSAN S	☐ DELĒTE	2 * TITLE			☐ Cha	nge 🔲 Addition
	879 APPLEWOOD RD.		2.2 NAME				
	ATON ROUGE LA 70808		23 STREET A 24 Cm v - S7 -	.			
E		☐ DELETE	3 1 TITLE			☐ Char	nge
ET ADDRESS			3.2 NAMe			-	ay Industrial
-\$1-2IF			33 STREET A				
		DELETE	3.4 CITY - ST - 4.1 TITLE	712		Figure	
E			4.2 VAME			☐ Char	ige 🔲 Addition
ET ADDRESS - ST- ZIP			4.3 STREET AL	DRESS			
- 51 - ZIF		[] DELETE	4.4 CITY S!-	(1)			
		DELLIC	5 1 TILE 5 2 NAME			Chan	ge 🔲 Add tion
ET ADDRESS			53 STHELL AC	DRESS			
-ST-ZIP			5.4 CITY - S* - ;				
		DELETE	6 1 T TLF			☐ Cnan	ge 🔲 Addition
ET ADDRESS			6.2 NAME				= '
- ST-ZIF			6.3 STREET AD	. [
I do hereby certify	that the information supplied wit	h this fling is voluntarily furnis	■ 64 City - St 2 Shed and does n	—· · · · · · · · · · · · · · · · · · ·	the exercition stated in Section 110.07	19tha Florida O	
oaut, mact ant an	omicer of director of this corpora 12 or Block 13 II chapged, or on	to the same of the	shed and does n al report is true a empowered to e iss	ot quality for	the exemption stated in Section 119 07 and that my signature shall have the sa report as required by Chapter 607, Florid	(3)(k), Florida Sta the legal effect a da Statutes; and	itutes. I further s if made unde Phat my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STORMING OFFICER OR DIRECTOR

Dayloras Placing N