

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

DOCUMENT # F94000000437 (3)

1. Corporation Name
GASCARD, INC.

Principal Place of Business

3000 - 34TH STREET
METAIRIE LA 70001

Mailing Address

3000 - 34TH STREET
METAIRIE LA 70001-2016

FILED
Mar 13 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/28/1994

3a. Date of Last Report

10/28/1996

4. FEI Number

33-0216400

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 ☐ DELETE

PD
NAME HOLLAND, LINDSAY B
STREET ADDRESS 2720 LOKER AVE., WEST
CITY-ST-ZIP CARLSBAD CA 92008-6605

TITLE ☐ DELETE

S
NAME MAYER, GEORGE
STREET ADDRESS 671 CONRAD
CITY-ST-ZIP NEW ORLEANS LA 70124

TITLE ☐ DELETE

T
NAME HERMANN, HAROLD
STREET ADDRESS 101 BLACKBURN PLACE
CITY-ST-ZIP COVINGTON LA 70433

TITLE ☐ DELETE

D
NAME LUZYNSKI, LOUIS
STREET ADDRESS 80306 QUAIL HOLLOW LANE
CITY-ST-ZIP BUSH LA 70471

TITLE ☐ DELETE

D
NAME REILY, WM. BOATNER III
STREET ADDRESS 2221 PRYTANIA STREET
CITY-ST-ZIP NEW ORLEANS LA 70135

TITLE ☐ DELETE

D
NAME MCCULLUM, KINGSLEY A
STREET ADDRESS 105 W. RUELLIE DRIVE
CITY-ST-ZIP MANDEVILLE LA 70471-1750

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

CR2E034 (9/96)