

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

TITLE S  
NAME MAYER, GEORGE  
STREET ADDRESS 871 CONRAD  
CITY-ST-ZIP NEW ORLEANS LA 70124 ☐ DELETE

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

TITLE D  
NAME LUZYNSKI, LOUIS  
STREET ADDRESS 80308 QUAIL HOLLOW LANE  
CITY-ST-ZIP BUSH LA 70471 ☒ DELETE

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

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

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 President  
4.2 NAME Same  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

CR2E034 (10/97)