

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90002 029 ***450.00

DOCUMENT # F94000005899

1. Corporation Name

GINGER MAE, INC.



Principal Place of Business

4041 ESSEN LANE
BATON ROUGE LA 70809

Mailing Address

4041 ESSEN LANE
BATON ROUGE LA 70809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1994

4. FEI Number

72-1277661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
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 CCEO ☒ DELETE
NAME BROWN, J. TERRELL
STREET ADDRESS 8772 WEST FAIRWAY DR.
CITY-ST-ZIP BATON ROUGE LA 70809

TITLE P ☐ DELETE
NAME BROWN, JOHN T.
STREET ADDRESS 1828 MYRTLEDALE AVE
CITY-ST-ZIP BATON ROUGE LA

TITLE VCAS ☒ DELETE
NAME REDMAN, DALE E
STREET ADDRESS 348 LEEWARD DR.
CITY-ST-ZIP BATON ROUGE LA

TITLE S ☐ DELETE
NAME ANDERSON, SHERRY E
STREET ADDRESS 10069 JEFFERSON HWY.
CITY-ST-ZIP BATON ROUGE LA 70809

TITLE AVP ☒ DELETE
NAME HENDERSON, PHILIP
STREET ADDRESS 4041 ESSEN LANE
CITY-ST-ZIP BATON ROUGE LA 70809

TITLE V ☐ DELETE
NAME GRIFFIN, JESSE O
STREET ADDRESS 332 MYRTLE HILL DR.
CITY-ST-ZIP BATON ROUGE LA 70810

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Robin P. Campbell
1.3 STREET ADDRESS 4041 Essen Lane
1.4 CITY-ST-ZIP Baton Rouge, La. 70809

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE AVP ☐ Change ☒ Addition
3.2 NAME Kent Payne
3.3 STREET ADDRESS 4041 Essen Lane
3.4 CITY-ST-ZIP Baton Rouge, La. 70809

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE AVP ☐ Change ☒ Addition
5.2 NAME Andrew Cline
5.3 STREET ADDRESS 4041 Essen Lane
5.4 CITY-ST-ZIP Baton Rouge, La. 70809

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 19.07(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, with all other like empowered.

SIGNATURE:

Robin P. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin P. Campbell VP 4-27-99 225-987-0000

Date

Daytime Phone #

CR2E034 (1/98)

0541787