FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F95000003117 (7)

1. Corporation Name

PRO COPY OF LOUISIANA, INCORPORATED

Principal Place of Business
1100-T 24TH ST
KENNER LA 70062

Mailing Address
1100-T 24TH ST
KENNER LA 70062

3. Date Incorporated or Qualified: 06/27/1995
3a. Date of Last Report:

4. FEI Number: 59-3232536 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1100-T 24th Street
Suite, Apt. #, etc.
22
City & State
23 Kenner, LA 70062
Zip 24 Country 25

2a. Mailing Address
26 5898 Jet Port Industrial Blvd.
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL 33634
Zip 29 Country 30

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

FERGUSON, ALAN
5898 JET PORT INDUSTRIAL BLVD
TAMPA FL 33634

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVCD	☐ DELETE	1.1 TITLE	CVCD (XX Change ☐ Addition)
NAME	FERGUSON, ALAN		1.2 NAME	Ferguson, Alan
STREET ADDRESS	1100-T 24TH ST		1.3 STREET ADDRESS	5898 Jet Port Industrial Blvd.
CITY-ST-ZIP	KENNER LA 70062		1.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	PVST	☐ DELETE	2.1 TITLE	PVST (☒ Change ☐ Addition)
NAME	FERGUSON, ALAN		2.2 NAME	Ferguson, Alan
STREET ADDRESS	1100-T 24TH ST		2.3 STREET ADDRESS	5898 Jet Port Industrial Blvd.
CITY-ST-ZIP	KENNER LA 70062		2.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	200001788312
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-04/22/96--01026--014
TITLE		☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	4-20-96 JR
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ______ 1/23/96 813-885-5719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)