2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 20, 2000 08:00 AM DOCUMENT # F9600001234 1. Entity Name **Secretary of State** G.C. & K.B. INVESTMENTS, INC. Principal Place of Business Mailing Address 159 HWY 22 E P.O. BOX 1350 MADISONVILLE MADISONVILLE LA LA 70447 70447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 72-1098221 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 07/20/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE X Change ☐ Addition THOMAS NAME O'KEEFE THOMAS STREET ADDRESS 159 HWY 22 E STREET ADDRESS 159 HWY 22 E CITY-ST-ZIP MADISONVILLE LA 70447 CITY-ST-ZIP MADISONVILLE 70447 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROOKS DENNIS NAME STREET ADDRESS 159 HWY 22 E STREET ADDRESS CITY-ST-ZIF MADISONVILLE LA 70447 CITY-ST-718 ☐ Delete TITLE TILE CFO X Change ☐ Addition NAME DEARING MARK NAME DEARING STREET ADDRESS 159 HIGHWAY, 22 EAST 159 HIGHWAY, 22 EAST STREET ADDRESS CITY-ST-ZIP MADISONVLLE CITY-ST-ZIP MADISONVLLE 70447 TITLE ☐ Defete DP TITLE ☐ Change ☐ Addition NAME COPP GARY NAME STREET ADDRESS 159 HWY 22 E STREET ADDRESS CITY-ST-ZIP MADISONVILLE 70447 CITY-ST-ZIP LA TITLE TITLE ☐ Delete Change ☐ Addition NAME BENNETT KEVIN STREET ADDRESS 159 HWY 22 E STREET ADDRESS CITY-ST-ZIP MADISONVILLE LA 70447 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.