

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F97000003636**

1. Corporation Name
LAKE CHARLES NAVAL STORES CO., INC.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90006 021 ***150.00



Principal Place of Business 203 CARONDELET ST. SUITE 710 NEW ORLEANS LA 70130-3016 830 Union St. STE 200 N.O. LA 70112		Mailing Address 203 CARONDELET ST. SUITE 710 NEW ORLEANS LA 70130-3016 830 Union St. STE 200 N.O. LA 70112	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	29	30	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/14/1997	
4. FEI Number 72-0233720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOHN F	1.2 NAME	
STREET ADDRESS	203 CARONDELET ST, SUITE 710	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130-3016	1.4 CITY-ST-ZIP	
TITLE	VCV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, H. HUNTER JR	2.2 NAME	
STREET ADDRESS	826 UNION ST, SUITE 100.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70112	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, NATHANIEL P JR	3.2 NAME	
STREET ADDRESS	826 UNION ST, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70112	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEHER, HARRY B JR	4.2 NAME	
STREET ADDRESS	2121 AIRLINE HWY, SUITE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA 70001	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/99

504-524-8602

CR2E034 (5/99)

F97000003636
582935-90006-21
LAKE CHARLES NAVAL STORES CO., INC.

830 UNION STREET, SUITE 200
NEW ORLEANS, LOUISIANA 70112

(504) 524-8602
FAX (504) 524-8621

July 2, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #F97000003636
1999 Corporation Annual Report

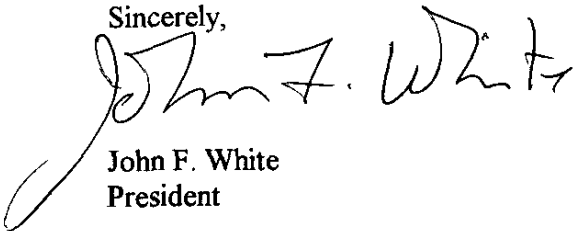
To Whom It May Concern:

Enclosed please find our 1999 Annual Report and our check #4338 in the amount of \$150.00. As per our telephone conversation, we were advised that since we did not receive the first Report as it was mailed to our old address, the delinquent fee would be waived. Our correct mailing address is:

830 Union Street
Suite 200
New Orleans, LA 70112

We have made the address change on the new report. Thank you for your help and attention to this matter.

Sincerely,



John F. White
President

encl.