

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90038 009 ***550.00

DOCUMENT # F97000003712

1. Entity Name
MAPP EASTERN CONSTRUCTION, INC. ✓

Principal Place of Business Mailing Address
PO BOX 80627 **PO BOX 80627**
BATON ROUGE LA 70898 **BATON ROUGE LA 70898**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **72-1188687** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	GRIGSBY, L. LANE	
STREET ADDRESS	15635 AIRLINE HWY	
CITY-ST-ZIP	BATON ROUGE LA 70817	
TITLE	VCP	<input type="checkbox"/> Delete
NAME	POLITO, MICHAEL A	
STREET ADDRESS	8940 BLUEBONNET RD	
CITY-ST-ZIP	BATON ROUGE LA 70810	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRAUGNARD, MILTON	
STREET ADDRESS	15635 AIRLINE HWY	
CITY-ST-ZIP	BATON ROUGE LA 70817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SETLIFF, RICHARD	
STREET ADDRESS	8940 BLUEBONNET RD	
CITY-ST-ZIP	BATON ROUGE LA 70810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark G. Lahaye	
STREET ADDRESS	8940 Bluebonnet Road BR, LA	
CITY-ST-ZIP	70810	
TITLE	Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Lynn Jones	
STREET ADDRESS	8940 Bluebonnet Road BR LA	
CITY-ST-ZIP	70810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE *Mary Lynn Jones* **Mary Lynn Jones, Sec/Treas** **08/21/00** **(225) 757-0111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)