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PROFIT
CORPORATION
ANNUAL REPORT-
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90232 011 ***150.00

DOCUMENT # **F98000006352**

1. Corporation Name

K & P FUEL, INC.



Principal Place of Business

**3000 34TH ST.
METAIRIE LA 70001**

Mailing Address

**3000 34TH ST.
METAIRIE LA 70001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1998

4. FEI Number

72-1018652

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **109 Northpark Blvd**

2a. Mailing Address

26 **109 Northpark Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 500**

27 **Suite 500**

City & State

City & State

23 **Coungton, LA**

28 **Coungton, LA**

Zip

Country

Zip

Country

24 **70433**

25 **US**

29 **70433**

30 **US**

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

NAME **C MCCALLUM, KINGSLEY**

STREET ADDRESS **3000 34TH ST.**

CITY-ST-ZIP **METAIRIE LA 70001**

TITLE ☒ DELETE

NAME **D REILY, WILLIAM B III**

STREET ADDRESS **640 MAGAZINE**

CITY-ST-ZIP **NEW ORLEANS LA 70130**

TITLE ☐ DELETE

NAME **P LUZYNSKI, LOUIS J**

STREET ADDRESS **80306 QUAIL HOLLOW LN.**

CITY-ST-ZIP **BUSH LA 70431**

TITLE ☐ DELETE

NAME **S MOOS, DANIEL**

STREET ADDRESS **110 CHACAHOUOLA LN.**

CITY-ST-ZIP **MANDEVILLE LA 70471**

TITLE ☒ DELETE

NAME **T MAYER, GEORGE P**

STREET ADDRESS **871 CONRAD**

CITY-ST-ZIP **NEW ORLEANS LA 70124**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

Date

(504) 835-7171

Daytime Phone #

CR2E034 (11/98)