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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # DO1017



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90122 044 ***150.00

1. Corporation Name WOODSON, HUGHES AND CRAIN, INC.									
Principal Plac	ce of Business	Mailing Address					i Bit Bibit	81411 818	111 #1841 +8B1
300 INDUSTRIAL TRACE P.O. BOX 2340									
BROUSSARD LA 70618 LAFAYETTE LA 70602 US US						DO NOT WRITE IN THIS SPACE			
03						3. Date Incorporated or Qualifed 03/21/1984 ,			
Principal Place of Business 2a. Mailing Address				_		4. FEI Number Applied			ied For
1		26				72-0495581		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	City & State City & State				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29 3	Country	y		This corporation owes the current year Information Personal Property Tax.	angible		∃No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent		
O.T.	CORROBATION OVOTER		81	1	Name				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
				1			,,	_	
			84		City	FL	85	Zip Co	ode
office or	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was aut	horized by	/ th	named corpo ne corporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changi ntment	ng its re as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable, (NOTE: F	Registered Age	nt s	signature required	when reinstating) DATE			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE				Ch	ange	Additio
NAME	CRAIN, GEORGE L. JR		1.2 NAME	1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS		ODRESS				
CITY-ST-ZIP	BROUSSARD LA		14 CITY-S	ST- 2	ZIP				
TITLE	VD DELETE			.1 TITLE			Ch:	ange	Additio
NAME	COREIL, VINCENT		2.2 NAME						
CTDCCT ADODCC	ON MINISTRIAL TRACE		220000	T A	CODE CO				

300 INDUSTRIAL TRACE **BROUSSARD LA** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE FRUGE, DANIEL J. 3.2 NAME NAME 300 INGUSTRIAL TRACE 3.3 STREET ADDRESS STREET ADDRESS **BROUSSARD LA** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE NAME HOLLAND, AZALIE C 4, 2 NAME STREET ADDRESS 300 INDUSTRIAL TRACE 4.3 STREET ADDRESS **BROUSSARD LA** 4,4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME PREIS, EDWIN NAME 5.3 STREET ADDRESS 300 INDUSTRIAL TRACE STREET ADDRESS 5.4 CITY-ST-ZIP **BROUSSARD LA** CITY-ST-ZIP ☐ DELETE 6.1 TITLE Addition | TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CRY-ST-73P

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 frue 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:

ENATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR SUPERIOR SECRETARY Treasure

2/26/99

318-837-8765

Daytime Phone #

CR2E034 (11/98