

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 APR 27 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03033 (8)

1. Corporation Name

DELTA GULF CORPORATION

Principal Place of Business

P.O. BOX 5429
SHREVEPORT LA 71135

Mailing Address

P.O. BOX 5429
SHREVEPORT LA 71135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

72-0930712

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BROOKS, LEON E.

STREET ADDRESS

2529 E 70TH ST, STE 100

CITY - ST - ZIP

SHREVEPORT LA

1. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

TITLE

VT

NAME

LEONE, W.A.

STREET ADDRESS

2529 E 70TH ST, STE 100

CITY - ST - ZIP

SHREVEPORT LA

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

TITLE

VD

NAME

GUICE, CLARENCE

STREET ADDRESS

2529 E 70TH ST, STE 100

CITY - ST - ZIP

SHREVEPORT LA

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

TITLE

SD

NAME

ROAN, JOHN

STREET ADDRESS

2529 E 70TH ST., STE 100

CITY - ST - ZIP

SHREVEPORT LA

41. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John Roan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN ROAN
SECRETARY**

4-18-95

Date

318/797-9300

Telephone Number