

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05138** (3)
1. Corporation Name
BETA KAPPA ENGINEERING CORPORATION

Principal Place of Business	Mailing Address
3323 BROADWAY ST. PO BOX 1432 ALEXANDRIA LA 71309	3323 BROADWAY ST. PO BOX 1432 ALEXANDRIA LA 71309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/27/1985	3a. Date of Last Report 01/26/1994
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2. Principal Place of Business		2a. Mailing Address	
21 Suito, Apt. #, etc.	28 Suito, Apt. #, etc.	22 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

4. FEI Number 72-0771525	Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of Now Registered Agent

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 607.1509, 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VEULEMAN, MARVIN H., JR.
STREET ADDRESS	321 MALLARD COVE
CITY-ST-ZIP	PINEVILLE LA
TITLE	S
NAME	FOSTER, SANDRA A.
STREET ADDRESS	336 WINDERMERE
CITY-ST-ZIP	ALEXANDRIA LA
TITLE	T
NAME	BRINKERHOFF, ROBERT L.
STREET ADDRESS	4400 PARLIMENT
CITY-ST-ZIP	ALEXANDRIA LA
TITLE	VD
NAME	ELKINS, RONNIE E.
STREET ADDRESS	2908 NEAL DR
CITY-ST-ZIP	PINEVILLE LA
TITLE	D
NAME	ROBINSON, KENNETH L.
STREET ADDRESS	211 RED OAK
CITY-ST-ZIP	PINEVILLE LA 71360
TITLE	D
NAME	ROBISON, JOE T.
STREET ADDRESS	4811 WILLOWICK
CITY-ST-ZIP	ALEXANDRIA LA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P. Scott Robison
1.3 STREET ADDRESS	4051 Baoyou Rapides
1.4 CITY-ST-ZIP	Alexandria, La. 71301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert L. Brinkerhoff
3.3 STREET ADDRESS	122 Deer Creek E.
3.4 CITY-ST-ZIP	Pineville, La. 71360
4.1 TITLE	VP/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ronnie E. Elkins
4.3 STREET ADDRESS	408 Garnet St.
4.4 CITY-ST-ZIP	Pineville, La. 71360
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(a), 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: _____ DATE: **1/20/95** TELEPHONE: **318-448-8287**
(Name and Title of Person Making Filing) (Date) (Telephone Number)

Sandra A. Foster, Secretary