

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

1-29-96 B-0410-C  
(3)

DOCUMENT # P05138

1. Corporation Name  
**BETA KAPPA ENGINEERING CORPORATION**



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

3. Date Incorporated or Qualified: 02/27/1985  
3a. Date of Last Report: 01/25/1995  
4. FEI Number: 72-0771525  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc. (26)  
23. City & State (27)  
24. Zip, Country (28, 29, 30)

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	VEULEMAN, MARVIN H., JR.	
STREET ADDRESS	321 MALLARD COVE	
CITY - ST - ZIP	PINEVILLE LA	
TITLE	S	DELETE <input type="checkbox"/>
NAME	FOSTER, SANDRA A.	
STREET ADDRESS	336 WINDERMERE	
CITY - ST - ZIP	ALEXANDRIA LA	
TITLE	T	DELETE <input type="checkbox"/>
NAME	BRINKERHOFF, ROBERT L.	
STREET ADDRESS	122 DEER CREEK E.	
CITY - ST - ZIP	PINEVILLE LA	
TITLE	VPD	DELETE <input type="checkbox"/>
NAME	ELKINS, RONNIE E.	
STREET ADDRESS	408 GARNET ST.	
CITY - ST - ZIP	PINEVILLE LA	
TITLE	D	DELETE <input type="checkbox"/>
NAME	ROBINSON, KENNETH L.	
STREET ADDRESS	211 RED OAK	
CITY - ST - ZIP	PINEVILLE LA 71360	
TITLE	D	DELETE <input type="checkbox"/>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBINSON, KENNETH L.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	SPELLING ONLY
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 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: *Sandra B. Mortham* 1-28-96 318-448-8287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)