

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P05138 (3)**

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



Principal Place of Business <b>3323 BROADWAY ST. PO BOX 1432 ALEXANDRIA LA 71309</b>	Mailing Address <b>3323 BROADWAY ST. PO BOX 1432 ALEXANDRIA LA 71309-1432</b>
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<b>3.</b> Date Incorporated or Qualified <b>02/27/1985</b>	<b>3a.</b> Date of Last Report <b>01/29/1996</b>
<b>4.</b> FEI Number <b>72-0771525</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>21.</b> Principal Place of Business Suite, Apt #, etc.	<b>22.</b> City & State	<b>23.</b> Zip	<b>24.</b> Country	<b>25.</b>	<b>26.</b> Mailing Address Suite, Apt #, etc.	<b>27.</b> City & State	<b>28.</b> Zip	<b>29.</b> Country	<b>30.</b>
					<b>PO BOX 5832</b>	<b>ALEXANDRIA LA</b>	<b>71307</b>	<b>LA</b>	<b>RAPIDES</b>

**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**

<b>81.</b> Name	
<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83.</b>	
<b>84.</b> City	<b>FL</b>
<b>85.</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>VEULEMAN, MARVIN H., JR.</b>	
STREET ADDRESS	<b>321 MALLARD COVE</b>	
CITY-ST-ZIP	<b>PINEVILLE LA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FOSTER, SANDRA A.</b>	
STREET ADDRESS	<b>336 WINDERMERE</b>	
CITY-ST-ZIP	<b>ALEXANDRIA LA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BRINKERHOFF, ROBERT L.</b>	
STREET ADDRESS	<b>122 DEER CREEK E.</b>	
CITY-ST-ZIP	<b>PINEVILLE LA</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>ELKINS, RONNIE E.</b>	
STREET ADDRESS	<b>408 GARNET ST.</b>	
CITY-ST-ZIP	<b>PINEVILLE LA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, KENNETH L.</b>	
STREET ADDRESS	<b>211 RED OAK</b>	
CITY-ST-ZIP	<b>PINEVILLE LA 71360</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBISON, JOE T.</b>	
STREET ADDRESS	<b>4811 WILLOWICK</b>	
CITY-ST-ZIP	<b>ALEXANDRIA LA</b>	

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

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do 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.

**SIGNATURE:** *Sandra A. Foster* (SANDRA A. FOSTER) 1-8-97 318-448-8287  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)