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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P05138

1. Corporation Name
BETA KAPPA ENGINEERING CORPORATION



Principal Place of Business 3323 BROADWAY ST. PO BOX 1432 ALEXANDRIA LA 71309	Mailing Address PO BOX 5832 ALEXANDRIA LA 71307 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 BROWNS LANE Suite, Apt. #, etc.	2a. Mailing Address 26 100 BROWNS LANE Suite, Apt. #, etc.
22 PINEVILLE, LA City & State	27 PINEVILLE LA City & State
23 71360 USA Zip Country	28 71360 USA Zip Country
24	25
29	30

3. Date Incorporated or Qualified 02/27/1985	
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 owes the current year Intangible Personal Property Tax. <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 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	<input type="checkbox"/> DELETE
NAME	VEULEMAN, MARVIN H., JR.	
STREET ADDRESS	321 MALLARD COVE	
CITY-ST-ZIP	PINEVILLE LA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FOSTER, SANDRA A.	
STREET ADDRESS	336 WINDERMERE	
CITY-ST-ZIP	ALEXANDRIA LA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRINKERHOFF, ROBERT L.	
STREET ADDRESS	122 DEER CREEK E.	
CITY-ST-ZIP	PINEVILLE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBISON, SCOTT	
STREET ADDRESS	4500 WATERFORD	
CITY-ST-ZIP	ALEXANDRIA LA 71303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBISON, KENNETH L	
STREET ADDRESS	211 RED OAK	
CITY-ST-ZIP	PINEVILLE LA 71360	
TITLE	D	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	106 Holly MOORE
2.4 CITY-ST-ZIP	PINEVILLE, LA 71360
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 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 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, with all other like empowered.

SIGNATURE: SANDRA A FOSTER **SIGNATURE REQUIRED** 1-4-98 318-448-8287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 SANDRA A FOSTER SECRETARY

CR2E034 (11/98)