

FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15144**

(9)

1. Corporation Name

KING & CO., INC. OF LOUISIANA

Principal Place of Business

639 N DUPRE ST.
P O BOX 50236
NEW ORLEANS LA 70119

Mailing Address

639 N DUPRE ST.
P O BOX 50236
NEW ORLEANS LA 70119



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1987

4. FEI Number

72-0457833

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. 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 title if applicable

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VSD** ☐ DELETE
NAME **GEARY, JEFFERY L.**
STREET ADDRESS **1213 NASHVILLE AVE.**
CITY-ST-ZIP **NEW ORLEANS LA**

1.E ☐ Change ☐ Addition
1.JE
1.EET ADDRESS
1.Y-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GEARY, CLAYTON**
STREET ADDRESS **445 FAIRWAY**
CITY-ST-ZIP **NEW ORLEANS LA**

2.E ☐ Change ☐ Addition
2.JE
2.EET ADDRESS
2.Y-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GEARY, JAMES F**
STREET ADDRESS **9437 CALVARY COURTS**
CITY-ST-ZIP **RIVER RIDGE LA**

3.E ☐ Change ☐ Addition
3.JE
3.EET ADDRESS
3.Y-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **GEARY, CYRIL P**
STREET ADDRESS **805 EXPOSITION BLVD**
CITY-ST-ZIP **NEW ORLEANS LA**

4.E ☒ Change ☐ Addition
4.JE
4.EET ADDRESS
4.Y-ST-ZIP

TITLE **VDP** ☒ DELETE
NAME **GEARY, CYRIL P.**
STREET ADDRESS **#30 AUDUBON BLVD**
CITY-ST-ZIP **NEW ORLEANS LA**

5.E ☐ Change ☐ Addition
5.JE
5.EET ADDRESS
5.Y-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GEARY, CYRIL P JR.**
STREET ADDRESS **444 AUDUBON BLVD**
CITY-ST-ZIP **NEW ORLEANS FL**

6.E ☒ Change ☐ Addition
6.JE
6.EET ADDRESS
6.Y-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. 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:

[Signature] **TURE REQUIRED**

1/5/98 **(504) 426-9195**

Date

Daytime Phone # 0531387

CR2E034 (10/97)