

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31853 (5)**

1. Corporation Name:
TECHNICAL COMPRESSION SERVICES, INC.



Principal Place of Business: **2206 ENGINEERS ROAD BELLE CHASSE LA 70037**
Mailing Address: **2206 ENGINEERS ROAD BELLE CHASSE LA 70037**

3. Date Incorporated or Qualified: **11/05/1990**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **72-0770569**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 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: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **P** DELETE
NAME: **LOUDON, WILLIAM A., JR.**
STREET ADDRESS: **130 CYPRESS GROVE CT #94**
CITY-STATE-ZIP: **NEW ORLEANS LA**

2. TITLE: **V** DELETE
NAME: **MEINECKE, GERALD**
STREET ADDRESS: **26 YELLOWSTONE DRIVE**
CITY-STATE-ZIP: **NEW ORLEANS LA**

3. TITLE: **ST** DELETE
NAME: **DESFORGES, RONALD**
STREET ADDRESS: **4420 BURKE DRIVE**
CITY-STATE-ZIP: **METAIRIE LA**

4. TITLE: **V** DELETE
NAME: **TRUEHART, ALAN**
STREET ADDRESS: **20 OAKLEY DRIVE**
CITY-STATE-ZIP: **MARRERO LA**

5. TITLE: _____ DELETE
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

6. TITLE: _____ DELETE
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: _____ Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY-STATE-ZIP: _____

1. TITLE: **V** Change Addition
2. NAME: _____
3. STREET ADDRESS: **441 Gravier St., Unit #11**
4. CITY-STATE-ZIP: **New Orleans, LA 70130**

3. TITLE: _____ Change Addition
4. NAME: _____
5. STREET ADDRESS: _____
6. CITY-STATE-ZIP: _____

4. TITLE: _____ Change Addition
5. NAME: _____
6. STREET ADDRESS: _____
7. CITY-STATE-ZIP: _____

5. TITLE: _____ Change Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY-STATE-ZIP: _____

6. TITLE: _____ Change Addition
7. NAME: _____
8. STREET ADDRESS: _____
9. CITY-STATE-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 completed, or on an attachment with an address.

SIGNATURE: *Alan Truehart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alan Truehart, Vice-President

January 17, 1996 (504) 392-2600

CR2E034 (12/95)