

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90121 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P31853**

1. Corporation Name  
**TECHNICAL COMPRESSION SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>72-0770569</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUDON, WILLIAM A., JR.</b>	1.2 NAME	<b>Gerald Meinecke</b>
STREET ADDRESS	<b>130 CYPRESS GROVE CT #94</b>	1.3 STREET ADDRESS	<b>1419 Nashville Ave.</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	1.4 CITY-ST-ZIP	<b>New Orleans, LA 70115</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEINECKE, GERALD</b>	2.2 NAME	<b>Lisa Farris</b>
STREET ADDRESS	<b>441 GRAVIER ST, UNIT 11</b>	2.3 STREET ADDRESS	<b>1355 Moss St.</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	2.4 CITY-ST-ZIP	<b>New Orleans, LA 70119</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>T</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Larry Fontaine</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>9 Hidden Hills Lake Road Arnaudville, LA 70512</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE: **1/11/99** (504) 392-2600  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/198)