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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P93000005988 (9) DOCUMENT #

| Principal Plac | r INC. | Mailing Address | | | |
|----------------------|---|--------------------------------|--|---|-------------------------------|
| 9827 NEESO | | BAMA 7 INC | | 1 | |
| | | 9827 NEESONWOOD DE | } | | |
| US | | SHREVEPORT LA 71106 | | DO NOT WRITE IN THIS | SPACE |
| | | US | | 3. Date Incorporated or Qualified | |
| | • • | | | 01/19/1993 | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | <u> </u> | 26 | | 59-3174389 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & Stat | | 27 City & State | | | Fee Required |
| | le . | City & State | | B. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip | Country | Zip | Country | | Added to Fees |
| 24 | 25 | 29 | 30 | 8. This corporation owes or has paid the cut Personal Property Tax due June 30. | rrent year Intangible Yes No |
| | 9, Name and Address of Current | | [30] | 10. Name and Address of New Registered | |
| DO | WINING, CHARLES R | | 81 Name | <u> </u> | |
| 7807 BAY MEADOWS CT. | | | <u> </u> | | |
| PENSACOLA FL 32507 | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | ! |
| , | NONCOEK I E DEDO! | | 83 | | |
|] . | | | | | |
| | | | 84 City | FL | 85 Zip Code |
| 11. Purcuant | to the provisions of Sections 607.0503 | and 607 1508 Florida Statu | tes the shove-named corn | | f changing its registered |
| office or | registered agent, or both, in the State | of Florida. Such change was | authorized by the corporat | poration submits this statement for the purpose or ion's board of directors. I hereby accept the app | pointment as registered |
| 1 | am familiar with, and accept the obliga | itions of, Section 607.0505, F | iorida Statutes. | | |
| SIGNATURE | Signature, typod or printed name of registered ager | st and title if applicable (NO | TE: Registered Agent signature require | ad when reinstaling) DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| TITLE | VP | DELETE | 1.1 TITLE | | Change Addition |
| NAME | DOWNING, WILLIAM R JR | | 1.2 NAME | | |
| STREET ADDRESS | 906 COULYER | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SHERWOOD AR | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DOWNING, SCOTT M | | 2.2 NAME | | . — |
| STREET ADDRESS | 9827 NEESONWOOD DR. | | 2.3 STREET ADDRESS | | |
| CITY+ST-ZIP | SHREVEPORT LA 71106 | | 2 4 CITY-ST-ZIP | | |
| TITLE | S | DELETE | 3.1 TITLE | | Change Addition |
| NAME | DOWNING, MICHELLE A | | 3.2 NAME | | - |
| STREET ADDRESS | 9827 NEESONWOOD DR | | 3.3 STREET ADDRESS | | ĺ |
| CITY-ST-ZIP | SHREVEPORT LA 71106 | | 3.4. CITY-SY-ZIP | | |
| TITLE | VP | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DOWNING WILLIAM R | | 4. 2 NAME | | İ |
| STREET ADDRESS | 9827 NEESONWOOD DR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SHREVEPORT LA | | 4.4 CITY-ST-ZIP | | 1 |
| TITLE | | T DELETE | 2.200.2 | | Observe Addition |

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 from an attachment with an address. 318-797-0789

53 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

FILED

Mar 13 1998 8:00am

Secretary of State

Addition

Change