FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:52

DOCUMENT # **818422** **(8)**

1. Corporation Name
MINERALS MANAGEMENT INC

Principal Place of Business	Mailing Address
720 TRUSTMARK NAT'L BANK BLDG P.O. BOX 2127 JACKSON MS 39201-2502	720 TRUSTMARK NAT'L BANK BLDG P.O. BOX 2127 JACKSON MS 39201-2502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/13/1965**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: **64-0345126** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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 **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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	MCGEHEE, HOBSON C JR	12 NAME	
STREET ADDRESS	720 TRUSTMARK NATL BANK	13 STREET ADDRESS	
CITY ST ZIP	JACKSON, MS 00000	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	MCGEHEE, DONALD B	22 NAME	
STREET ADDRESS	720 TRUSTMARK NATL BANK	23 STREET ADDRESS	
CITY ST ZIP	JACKSON, MS 00000	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	XX Change ☐ Addition
NAME	JONES, BERNARD B III	32 NAME	B. Bryan Jones III
STREET ADDRESS	119 W JEFFERSON	33 STREET ADDRESS	
CITY ST ZIP	YAZOO CITY MS	34 CITY ST ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	LAIRD, E.E.	42 NAME	
STREET ADDRESS	111 E. CAPITOL, P.O. BOX 1084 N/A	43 STREET ADDRESS	
CITY ST ZIP	JACKSON, MS 00000	44 CITY ST ZIP	
TITLE	VD	51 TITLE	X Change ☐ Addition
NAME	MCGEHEE, MICHAEL F.	52 NAME	He has resigned
STREET ADDRESS	4558 RHIMES PLACE	53 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	54 CITY ST ZIP	
TITLE	VPD	61 TITLE	☐ Change ☐ Addition
NAME	MCGEHEE, HOBSON C. III	62 NAME	
STREET ADDRESS	034 ARROWHEAD	63 STREET ADDRESS	
CITY ST ZIP	JACKSON MS	64 CITY ST 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)(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 with an address.

SIGNATURE: H. C. McGehee, Jr/President 3-23-95 601-355-6144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478837 FP