

**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**

95 JAN 25 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **841649** (7)

1. Corporation Name  
**JOHN PLOTT COMPANY, INC.**

Principal Place of Business Mailing Address  
**2804 RICE MINE RD  
POB 183  
TUSCALOOSA AL 35408**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/17/1978** 3a. Date of Last Report **01/31/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **63-0700191** Applied For Not Applicable  
5. Certificate of Status Desired **XX** \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5,000 May Be Added to Fees  
8. This corporation has liability for intangible tax under Florida Statutes  Yes  No for S. 199.032.

9. Name and Address of Current Registered Agent  
**MEAD, MICHAEL WILLIAM  
310 WOODSON STREET  
FORT WALTON BEACH, FL MH 32548**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>PLOTT, JOHN H.</b>
STREET ADDRESS	<b>#4 OLD NO. RIVER POINTE</b>
CITY-ST-ZIP	<b>TUSCALOOSA AL</b>
TITLE	<b>VD</b>
NAME	<b>HINDS, HENRY L.</b>
STREET ADDRESS	<b>1709 ST. ANDREWS DRIVE</b>
CITY-ST-ZIP	<b>TUSCALOOSA AL</b>
TITLE	<b>SD</b>
NAME	<b>PLOTT, HUNTER L.</b>
STREET ADDRESS	<b>5401 TAHOE DRIVE</b>
CITY-ST-ZIP	<b>TUSCALOOSA AL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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; or appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *John H. Plott* **John H. Plott** 1/17/95 205-345-5678