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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F94000005369 (3)**

1. Corporation Name

**DESTINEER CORPORATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**SECURITY CENTRE, SOUTH BUILDING  
200 SOUTH LAMAR STREET  
JACKSON MS 39201**      **SECURITY CENTRE, SOUTH BUILDING  
200 SOUTH LAMAR STREET  
JACKSON MS 39201**

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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>64-0848625</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	7. This corporation has liability for interjurisdictional tax under s. 1991.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	County		
24	25		
29	30		
<b>39225</b>	<b>HINDS</b>		

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

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

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>COBO</b>	11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BHAGHAT, JAI P</b>	12 NAME	
STREET ADDRESS	<b>200 SOUTH LAMAR STREET, SECURITY CENTRE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSON MS 39201</b>	14 CITY - ST - ZIP	
TITLE	<b>VCFO</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUGATE, J R</b>	22 NAME	
STREET ADDRESS	<b>200 SOUTH LAMAR STREET, SECURITY CENTRE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSON MS 39201</b>	24 CITY - ST - ZIP	
TITLE	<b>VSGC</b>	31 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRISS, LEONARD G</b>	32 NAME	
STREET ADDRESS	<b>200 SOUTH LAMAR STREET, SECURITY CENTRE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSON MS 39201</b>	34 CITY - ST - ZIP	
TITLE	<b>VCTO</b>	41 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAH, MASOOD</b>	42 NAME	
STREET ADDRESS	<b>200 SOUTH LAMAR STREET, SECURITY CENTRE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSON MS 39201</b>	44 CITY - ST - ZIP	
TITLE	<b>V</b>	51 TITLE	<b>DELETE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUME, EMMET B</b>	52 NAME	
STREET ADDRESS	<b>200 SOUTH LAMAR STREET, SECURITY CENTRE</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSON MS 39201</b>	54 CITY - ST - ZIP	
TITLE	<b>V</b>	61 TITLE	<b>DELETE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIKOLIC, JOHN E</b>	62 NAME	
STREET ADDRESS	<b>200 SOUTH LAMAR STREET, SECURITY CENTRE</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSON MS 39201</b>	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 110.07(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

*Sandra B. Northam*

4/19/95

(100) 944-1300