

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gandra D. Marham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:34

DOCUMENT # **P11203 (7)**

1. Corporation Name

E. CORNELL MALONE CORPORATION

Principal Place of Business

Mailing Address

910 SCOTT STREET
P.O. BOX 16136
HATTIESBURG MS 39404-3136

910 SCOTT STREET
P.O. BOX 16136
HATTIESBURG MS 39404-3136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

08/21/1986

02/02/1994

4. FFC Number

64-0677155

Applied For

Not Applicable

5. Certificate of Status Desired

()

\$8.75 Additional

Fee Required

6. Director Company Financing

()

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under § 190.02,

Florida Statutes

() Yes

() No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

01 Name

02 Street Address (P.O. Boxes Noted as Not Applicable)

03

04 City

FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1401, Florida Statutes, the above named corporation authorizes the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0902, Florida Statutes.

SIGNATURE

Signature of a natural person registered agent and the applicable

Signature of the registered agent corporation registered agent

12. OFFICERS AND DIRECTORS

13. ALTERNATE REGISTERED AGENTS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
MALONE, E. CORNELL
LAKE SERENE, BOX 832
HATTIESBURG MS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VD
HUGHES, STEVE
53 POMPANO
HATTIESBURG MS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

SD
BELL, KELLIE
113 MEADOWOOD
PETAL MS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows, not equally for the record that stated in Section 190.02, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that any statements shall have the same legal effect as if made orally, that any officer or director of this corporation or trustee empowered to receive this report and composed by Florida Statutes, and that any officer or trustee appears at block 12 or block 13 of this report, or on an alternate listed with an address.

SIGNATURE: *E. Cornell Malone* E. CORNELL MALONE

1/11/95 601-544-1185