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**Mar 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P11203 (7)**

1. Corporation Name  
**E. CORNELL MALONE CORPORATION**



Principal Place of Business: **910 SCOTT STREET, P.O. BOX 16136, HATTIESBURG MS 39404-3136**

Mailing Address: **910 SCOTT STREET, P.O. BOX 16136, HATTIESBURG MS 39404-6136**

3. Date Incorporated or Qualified: **08/21/1986**

3a. Date of Last Report: **04/24/1996**

4. FEI Number: **64-0677155**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MALONE, E. CORNELL	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: LAKE SERENE, BOX 832	CITY-STATE-ZIP: HATTIESBURG MS	1.3 STREET ADDRESS: 16 Snug Harbor	1.4 CITY-STATE-ZIP:
TITLE: T	NAME: HUGHES, STEVE	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 53 POMPANO	CITY-STATE-ZIP: HATTIESBURG MS	2.3 STREET ADDRESS:	2.4 CITY-STATE-ZIP:
TITLE: SD	NAME: BELL, KELLIE	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 113 MEADOWOOD	CITY-STATE-ZIP: PETAL MS	3.3 STREET ADDRESS:	3.4 CITY-STATE-ZIP:
TITLE: VP	NAME: DEBBIE MALONE	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 342 W. LAKE SERENE	CITY-STATE-ZIP: HATTIESBURG MS	4.3 STREET ADDRESS: 16 Snug Harbor	4.4 CITY-STATE-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-STATE-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-STATE-ZIP:

14. I do 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 contained 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 or on an attachment with an address.

SIGNATURE: *E. Cornell Malone* 2-25-97 601-544-1188

CR2E034 (9/96)