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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 842839 (3)

1. Corporation Name
VALLEY INNOVATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
4400 MANGUM DRIVE JACKSON MS 39206 US	P.O. BOX 5454 JACKSON MS 39288-5454 US

3. Date Incorporated or Qualified: 03/20/1979
3a. Date of Last Report: 03/01/1996

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

4. FEI Number: 64-0390145 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CT CORPORATION
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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOODS, JOHN		1.2 NAME		
STREET ADDRESS	4400 MANGUM DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BORDELON, NOREEN H.		2.2 NAME	Bordelon, Noreen H.	
STREET ADDRESS	P.O. BOX 1019 N/A		2.3 STREET ADDRESS	P.O. Box 5454, 4400 Mangum Drive	
CITY-ST-ZIP	JACKSON MS 39215		2.4 CITY-ST-ZIP	Jackson, MS 39288-5454	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOGG, W. T.		3.2 NAME		
STREET ADDRESS	4400 MANGUM DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME	COLLINS, MARILYN		4.2 NAME	John A. Pryor	
STREET ADDRESS	4400 MANGUM DRIVE		4.3 STREET ADDRESS	P.O. Box 5454, 4400 Mangum Drive	
CITY-ST-ZIP	JACKSON MS		4.4 CITY-ST-ZIP	Jackson MS 39288-5454	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COLE, BETTY		5.2 NAME		
STREET ADDRESS	4400 MANGUM DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARKEY, MATT		6.2 NAME		
STREET ADDRESS	4400 MANGUM DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 if changed, or on an attachment with an address.

SIGNATURE: Matthew F. Harkey RECEIVED Matthew F. Harkey, Treasurer 2/24/97 601-932-3925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #