

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **815442** (9)

1. Corporation Name  
**T.L. JAMES & COMPANY, INC.**

Principal Place of Business  
**106 WEST MISSISSIPPI AVE.  
RUSTON LA 71270**

Mailing Address  
**P.O. BOX 1260  
RUSTON LA 71273-1260**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/18/1961</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>72-0221900</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, G.W., JR.	1.2 NAME	
STREET ADDRESS	106 W. MISSISSIPPI AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSTON LA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, JIMMY	2.2 NAME	
STREET ADDRESS	106 W MISS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSTON LA	2.4 CITY-ST-ZIP	
TITLE	VP/T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSPFLUG, LANCE F	3.2 NAME	
STREET ADDRESS	106 W. MISSISSIPPI AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUSTON LA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMLER, JACK	4.2 NAME	
STREET ADDRESS	106 W. MISSISSIPPI AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RUSTON LA	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEASY, WILLIAM J	5.2 NAME	
STREET ADDRESS	100 JAMES DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLK, T. J.	6.2 NAME	
STREET ADDRESS	106 W MISS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RUSTON LA	6.4 CITY-ST-ZIP	

14. I 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:

*Jimmy Love*

Jimmy Love 1/5/98 318-255-7912

CR2E034 (10/97)