

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 815561 (6)

1. Corporation Name

J.B. IVEY & COMPANY



Principal Place of Business

Mailing Address

1600 CANTRELL RD.  
P.O. BOX 486  
LITTLE ROCK AR 72203

1600 CANTRELL RD.  
P.O. BOX 486  
LITTLE ROCK AR 72203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified

08/25/1961

3a. Date of Last Report

05/01/1995

4. FEI Number

56-0277120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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

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

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

(Initials) Registered Agent signature required when non-binding

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME DILLARD, WILLIAM II  
STREET ADDRESS 1600 CANTRELL RD.  
CITY-ST-ZIP LITTLE ROCK AR

TITLE VD ☐ DELETE  
NAME DILLARD, ALEX  
STREET ADDRESS 1600 CANTRELL RD.  
CITY-ST-ZIP LITTLE ROCK AR

TITLE VSD ☐ DELETE  
NAME DARR, JAMES E. JR  
STREET ADDRESS 1600 CANTRELL RD  
CITY-ST-ZIP LITTLE ROCK AR

TITLE VD ☐ DELETE  
NAME FREEMAN, JAMES I  
STREET ADDRESS 1600 CANTRELL RD  
CITY-ST-ZIP LITTLE ROCK AR

TITLE VT ☐ DELETE  
NAME HAWKINS, JOHN  
STREET ADDRESS 1600 CANTRELL RD.  
CITY-ST-ZIP LITTLE ROCK AR

TITLE VS ☐ DELETE  
NAME NELSON, STEVE  
STREET ADDRESS 1600 CANTRELL ROAD  
CITY-ST-ZIP LITTLE ROCK AR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Hawkins

4-30-96

(501) 326-5529

Date

Daytime Phone #

CR2E034 (12/95)