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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:32

DOCUMENT # **821873** **(7)**

1. Corporation Name
MCCARTY-HOLMAN CO INC

Principal Place of Business	Mailing Address
453 NORTH MILL STREET JACKSON MISSISSIPPI 39202	453 NORTH MILL STREET JACKSON MISSISSIPPI 39202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1968	3a. Date of Last Report: 02/02/1994
4. FEI Number: 64-0294093	☐ 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	

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

9. Name and Address of Current Registered Agent

HILL, LARRY
220 W. GARDEN STREET, 9TH FL.
PENSACOLA, FL
32501

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	CPD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLMAN, W H JR	1.2 NAME	
STREET ADDRESS	453 NORTH MILL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
TITLE	TC	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, DAVID R	2.2 NAME	
STREET ADDRESS	453 NORTH MILL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTY JR,W B	3.2 NAME	
STREET ADDRESS	453 NORTH MILL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, EARL D	4.2 NAME	
STREET ADDRESS	453 NORTH MILL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	
TITLE	VSD	5.1 TITLE	☐ Change ☐ Addition
NAME	FRIOU, ROGER P.	5.2 NAME	
STREET ADDRESS	453 NORTH MILL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOLMAN, JR. C.H.	6.2 NAME	
STREET ADDRESS	453 NORTH MILL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	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)(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: Roger P. Friou 1/25/95 (601) 948-0361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (ROGER P. FRIOU) Date Daytime Phone #

0476087 FP