

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821873 (7)
1. Corporation Name
MCCARTY-HOLMAN CO INC



Principal Place of Business 453 NORTH MILL STREET JACKSON MISSISSIPPI 39202	Mailing Address 453 NORTH MILL STREET JACKSON MISSISSIPPI 39202-3208
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2. Principal Place of Business 21 1770 ELLIS AVENUE Suite, Apt. #, etc. 22 SUITE 200 City & State 23 JACKSON, MS Zip 24 39204-3613		2a. Mailing Address 26 P O BOX 3409 Suite, Apt. #, etc. 27 City & State 28 JACKSON, MS Zip 29 39207-3409		3. Date Incorporated or Qualified 09/24/1968		3a. Date of Last Report 05/01/1996	
Country 25 USA		Country 30 USA		4. FEI Number 64-0294093		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 85 Zip Code FL	
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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.

(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	HOLMAN, W H JR	1.2 NAME	
STREET ADDRESS	1770 ELLIS AVE SUITE 200	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	1.4 CITY - ST - ZIP	
TITLE	VAS	2.1 TITLE	T/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DAVID R	2.2 NAME	
STREET ADDRESS	1770 ELLIS AVE SUITE 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, W.H III	3.2 NAME	
STREET ADDRESS	1770 ELLIS AVE SUITE 200	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	3.4 CITY - ST - ZIP	
TITLE	TC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, EARL D	4.2 NAME	
STREET ADDRESS	1770 ELLIS AVE SUIT 200	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIOU, ROGER P.	5.2 NAME	
STREET ADDRESS	1770 ELLIS AVE SUITE 200	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSARY, DAVID K	6.2 NAME	
STREET ADDRESS	1770 ELLIS AVE SUITE 200	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R BLACK

3/31/97

Date

(601) 965-8600

Daytime Phone

0499633

CR2E034 (9/96)