

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

FILED  
Apr 17 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 # **821873** (7)  
1. Corporation Name  
**MCCARTY-HOLMAN CO INC**

Principal Place of Business <b>1770 ELLIS AVE STE 200 JACKSON MISSISSIPPI 39204-3613 US</b>	Mailing Address <b>PO BOX 3409 JACKSON MISSISSIPPI 39207-3409 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/24/1968</b>	
21		26		4. FEI Number <b>64-0294093</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	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	<b>CT Corporation System</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1200 South Pine Island Rd.</b>	
83			
84	City	<b>Plantation</b>	85 Zip Code <b>FL 33324</b>

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 **No Signature required--Change of Registered Agent has been filed With Florida Dept.**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE of State

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CFO and Asst. Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMAN, W H JR</b>	1.2 NAME	<b>Black, David R.</b>
STREET ADDRESS	<b>1770 ELLIS AVE SUITE 200</b>	1.3 STREET ADDRESS	<b>1770 Ellis Avenue</b>
CITY-ST-ZIP	<b>JACKSON MS</b>	1.4 CITY-ST-ZIP	<b>Jackson, MS 39204</b>
TITLE	<b>TC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, DAVID R</b>	2.2 NAME	
STREET ADDRESS	<b>1770 ELLIS AVE SUITE 200</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSON MS</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMAN, W.H III</b>	3.2 NAME	
STREET ADDRESS	<b>1770 ELLIS AVE SUITE 200</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSON MS</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>P/COO/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRIOU, ROGER P.</b>	4.2 NAME	<b>Johnson, Ronald E.</b>
STREET ADDRESS	<b>1770 ELLIS AVE SUITE 200</b>	4.3 STREET ADDRESS	<b>1770 Ellis Avenue</b>
CITY-ST-ZIP	<b>JACKSON MS</b>	4.4 CITY-ST-ZIP	<b>Jackson, MS 39204</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>CEO/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESSARY, DAVID K</b>	5.2 NAME	<b>Julian, Michael E.</b>
STREET ADDRESS	<b>1770 ELLIS AVE SUITE 200</b>	5.3 STREET ADDRESS	<b>1770 Ellis Avenue</b>
CITY-ST-ZIP	<b>JACKSON MS</b>	5.4 CITY-ST-ZIP	<b>Jackson, MS 39204</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Cannada, R. Barry</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1770 Ellis Avenue</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Jackson, MS 39204</b>

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:

*R. Barry Cannada*

April 9, 1998

(601) 346-2200

CR2E034 (10/97)