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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 827994

(5)

1. Corporation Name

HUNT PROCESS CORP.-SOUTHERN

Principal Place of Business

138 N WHEATLEY ST
PO BOX 688
RIDGELAND MS 39158

Mailing Address

138 N WHEATLEY ST
PO BOX 688
RIDGELAND MS 39158-0688



3. Date Incorporated or Qualified

05/19/1972

3a. Date of Last Report

01/26/1996

4. FEI Number

64-0324319

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.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, DAN R
1729 GULF LIFE TOWER
JACKSONVILLE FL

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WATTS, JAMES M.
STREET ADDRESS 5172 KAYWOOD CIRCLE
CITY- ST- ZIP JACKSON MS ☐ DELETE

1.1 TITLE Chairman of Bd/Dir. ☒ Change ☐ Addition
1.2 NAME Largent, Richard W.
1.3 STREET ADDRESS 37 Wintergreen
1.4 CITY- ST- ZIP Madison, Ms

TITLE VD
NAME LARGENT, RICHARD W.
STREET ADDRESS 37 WINTERGREEN RD
CITY- ST- ZIP MADISON MS ☒ DELETE

2.1 TITLE V-P., Sec.-Treas./Dir. ☐ Change ☒ Addition
2.2 NAME Margie C. Largent
2.3 STREET ADDRESS 37 Wintergreen
2.4 CITY- ST- ZIP Madison, Ms

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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 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
James M. Watts, President

1/10/97

Date

(601) 856-8811

Daytime Phone #

0499625

CR2E034 (9/96)