

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **828335** (0)

1. Corporation Name
MISSISSIPPI MANAGEMENT, INC.



Principal Place of Business: **1817 CRANE RIDGE DR. P O BOX 16807 JACKSON MS 39236**
Mailing Address: **1817 CRANE RIDGE DR. P O BOX 16807 JACKSON MS 39236**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/20/1972	3a. Date of Last Report 02/27/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 64-0434090	Applied for Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent NORRIS, JOHN E 201 N. MARION STREET LAKE CITY FL 32055	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 607.0802 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DC NAME: STURDIVANT, MIKE P STREET ADDRESS: RT 1 CITY, ST, ZIP: GLENDORA, MS 00000	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: STURDIVANT, GAINES P. STREET ADDRESS: 3011 EASTWOOD DRIVE CITY, ST, ZIP: JACKSON MS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DC NAME: JONES, EARLE F STREET ADDRESS: 2552 LAKE CIR CITY, ST, ZIP: JACKSON, MS 00000	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS: 1817 Crane Ridge Dr.	
VT NAME: HART, MICHAEL J. STREET ADDRESS: 1817 CRANE RIDGE DR. CITY, ST, ZIP: JACKSON MS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS NAME: WINFORD, GREGORY W. STREET ADDRESS: 1817 CRANE RIDGE DR. CITY, ST, ZIP: JACKSON MS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY, ST, ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY, ST, ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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: *Michael J. Hart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-30-96
601-982-7713
DATE
BUSINESS PHONE #

CR2E034 (12/95)