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Mar 19 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 # 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 39236-6807

2. Principal Place of Business

21 1000 Red Fern Place  
State, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 16807  
State, Apt. #, etc.

22. City & State

23 Flowood, MS  
39208

27. City & State

28 Jackson MS  
39236-6807

24. Country

25 Rankin

29. Country

30 Rankin

3. Date Incorporated or Qualified: 07/20/1972  
3a. Date of Last Report: 02/14/1996  
4. FEI Number: 64-0434090  
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

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  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0602 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 of the person who is the agent and the filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	STURDIVANT, MIKE P	
STREET ADDRESS	RT 1	
CITY - ST - ZIP	GLENDORA, MS 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STURDIVANT, GAINES P.	
STREET ADDRESS	1817 CRANE RIDGE DR	
CITY - ST - ZIP	JACKSON MS	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	JONES, EARLE F	
STREET ADDRESS	2552 LAKE CIR	
CITY - ST - ZIP	JACKSON, MS 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HART, MICHAEL J.	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY - ST - ZIP	JACKSON MS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WINFORD, GREGORY W.	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY - ST - ZIP	JACKSON MS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1000 Red Fern Place
24 CITY - ST - ZIP	Flowood, MS 39208
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	1000 Red Fern Place
44 CITY - ST - ZIP	Flowood, MS 39208
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	1000 Red Fern Place
54 CITY - ST - ZIP	Flowood, MS 39208
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 included 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: Earle F. Jones, Co-Chairman 2/24/97 601/936-3666 XT 128

CR2E034 (9/96)