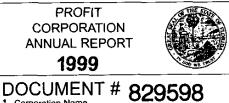
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name PURCELL CO., INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90028 031 ***150.00

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Principal Place of Business Mailing Address 4401 EAST ALOHA DR 4401 EAST ALOHA DR DIAMONDHEAD MS 39525 DIAMONDHEAD MS 39525 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 02/27/1973 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 64-0476721 21 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. \Box 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible MiNo Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 問聽機關 Zio Code 84 City 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change DELETE TITLE 1.1 TITLE NAME ALEXANDER, BILLY G. 12 NAME STREET ADDRESS 4401 EAST ALOHA DR 1.3 STREET ADORESS DIAMONDHEAD MS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE JOFFE, CARL H 2.2 NAME NAME 4401 EAST ALOHA DR 2.3 STREET ADDRESS STREET ADDRESS DIAMONDHEAD MS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE HECTOR, HOLCOMB P 3.2 NAME 4401 EAST ALOHA DR 3.3 STREET ADDRESS STREET ADDRESS DIAMONDHEAD MS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change. Addition 4.1 TITLE TITLE 4. 2 NAME NAME JAMES, ARTIS E 4401 EAST ALOHA DR 4.3 STREET ADORESS STREET ADDRESS DIAMONDHEAD MS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME MCCOWN, JOHN 5.3 STREET ADDRESS 4401 EAST ALOHA DR STREET ADDRESS DIAMONDHEAD MS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/14/99

CR2E034:(11/98)