

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 840055 (8)

1. Corporation Name

JAMES M. VARDAMAN, & CO., INC.



Principal Place of Business

120 N CONGRESS ST STE 630
P O BOX 22766
JACKSON MS 39225

Mailing Address

120 N CONGRESS ST STE 630
P O BOX 22766
JACKSON MS 39225

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

3. Date Incorporated or Qualified

02/17/1978

3a. Date of Last Report

03/14/1995

4. FEI Number

64-0477539

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

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 607.0502 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.

2001b. Registered Agent Signature required after re-appointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C
NAME VARDAMAN, JAMES M.
STREET ADDRESS 5346 FARNSWORTH
CITY- ST- ZIP JACKSON MS

TITLE ☐ DELETE

T
NAME DAVIS, BOBBYE
STREET ADDRESS 155 POLE BRIDGE DR
CITY- ST- ZIP BRANDON MS

TITLE ☐ DELETE

S
NAME DAVIS, BOBBYE
STREET ADDRESS 155 POLE BRIDGE DR
CITY- ST- ZIP BRANDON MS

TITLE ☒ DELETE

P
NAME LITTERST, DAVID R.
STREET ADDRESS RR 1 BOX 206 E
CITY- ST- ZIP PELAHATCHIE MS

TITLE ☐ DELETE

VP
NAME TETER, PAUL D.
STREET ADDRESS 1703 GARY AVE.
CITY- ST- ZIP ALBANY GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

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 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:

Bobbie Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96 601-354-3123
Date Day/Evening Phone #

CR2E034 (12/95)