

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

FILED

Apr 10 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 # 840055 (8)

1. Corporation Name

JAMES M. VARDAMAN & CO., INC.

Principal Place of Business 120 N. CONGRESS ST SUITE 630 JACKSON, MS 39201	Mailing Address PO BOX 22766 JACKSON, MS 39225
--	--

3. Date Incorporated or Qualified 02/17/1978	3a. Date of Last Report 3/19/96
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 64-0477539 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, WILTON
201 S. MONROE ST., SUITE 500
TALLAHASSEE, FL 32301

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 607.0502 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
CHAIRMAN	VARDAMAN, JAMES M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5346 FARNSWORTH	JACKSON, MS	13 STREET ADDRESS	14 CITY-ST-ZIP
TREASURER	DAVIS, BOBBYE	21 TITLE	22 NAME
155 POLE BRIDGE DR.	BRANDON, MS	23 STREET ADDRESS	24 CITY-ST-ZIP
SECRETARY	DAVIS, BOBBYE	31 TITLE	32 NAME
155 POLE BRIDGE DR	BRANDON, MS	33 STREET ADDRESS	34 CITY-ST-ZIP
VP	TETER, PAUL D.	41 TITLE	42 NAME
1703 GARY AVE.	ALBANY, GA	43 STREET ADDRESS	44 CITY-ST-ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY-ST-ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY-ST-ZIP

500002140185
-04/11/97--01030--033
*****165.00**

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

4-3-97 601-354-3123
Date Daytime Phone #

CR2E034 (9/96)