

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 13, 1999 8:00 am
Secretary of State
07-13-1999 90013 050 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840055
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

2. Principal Place of Business
21 Suite, Apt. #; etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #; etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
MILLER, WILTON
201 S. MONROE ST. STE-500
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1978

4. FEI Number
64-0477539

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 owes the current year
Intangible Personal Property.
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
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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	
NAME	VARDAMAN, JAMES M.	1.2 NAME	
STREET ADDRESS	5346 FARNSWORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	EKBAUM, TOM	2.2 NAME	
STREET ADDRESS	120 N CONGRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39213	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	TETER, PAUL D	3.2 NAME	
STREET ADDRESS	1703 GARY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: [Signature] 7/17/99 601 354 3123