				+81 4 1		. 1		at and the Company of
	PI	EASE READ					OMPLET	ING THIS FORM.
APPLICATION OF FLORIDA DE					MEN e Ha	1.1		FILED
FOR O				Secretary			99	NOV 29 PM 6: 13
					ION OF CORPORATIONS			
DOCU	MENT i	#840681	<u></u>				TAL	ICRETARY OF STATE LARASSEE. FLORIDA
กรากสุด	NC.							
KEDI	7 FE61	CONTROL CO	ALIMIT, I					
Principal Place of Business 112 Marketridge Drive Post 8 Ridgeland, MS 39157 Jackso								
ктас	gerand,	MD 3313/	Jackso	m, ms	374	200-3000		
		in normal line th	rough ingerrant in	formation and	enter c	orrection below	REIN	STATEMENT 81
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailie				ng Office Address, If Applicable			4. Date incorp	porated or Qualified
Suite, Apt #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For	
City & State			City & State	City & State			64-0605371 Not Applicable	
Zıp		Country	Zip	1	Country		CERTIFICAT	TE OF STATUS DESIRED S SS 75 7.1 Interview Les frequences from a Contact de la distance
7. Names an	d Street Addre	sses of Each Officer and	or Director (Flor	ida nonprofit d				
Title(s)	2	Name of Officers and/or Directors		3 (Do N	Offi	et Address of Each cer and/or Director e Post Office Box N		City / State / Zip
Chair-				0 (02.				
man	Richar	d L. Redd		112 1	Mar	<u>ketridge</u>	Drive	Ridgeland, MS 39157
Pres.	G. Hai	ris Sargen	t	112	Marl	ketridge	Drive	Ridgeland, MS 39157
V.P.&	<u> </u>	<u> </u>	· · · ·			 -		
CFO	James	Earl Thoma	<u>s</u>	112	Mar	ketridge	DDive	Ridgeland, MS 39157
Direc	261	Bav	view Driv	7 e	Madison, MS 39110			
tor Direc-		rd N. Acker			•			
tor Fred A. Powell				7 Oakleigh Pla			ace	Jackson, MS 39211
Direc-		3		208	Win	ter Teal	Court	Madison, MS 39110
tor	Cal Ac 8. Name a	1ams and Address of Current	Registered Age		ATI1			Address of New Registered Agent
Dickie Burns					Name CT Cor			
333 L	1200 S			erth :Pine	r is Not Acceptable) Island Road			
Lynn Haven, Florida 32444						Suite, Apt. #, Etc.	B	-12/03/9901098030
						City	ion :-	***2482.50 z#*\$2482.50 FL 33324
10. I, being a	appointed the re	egistered agent of the ab	ove named corpo	ration, am fan	niliar wh			
Signature of Registered A	gent	Comie Buy	SPEC EGISTERED AG	ME BR	yan Sta a	IT SECRETAR	₩	Date
11. This	corpora	ation owes the ersonal Prope	current y	ear le June	30.	Yes	□ No 🎚	(See other side for information on intanglible tax.)
12. I certify th	nat I am an offi	cer or director or the reco	eiver or trustee en	npawered to e	xecule	rele nome catiches	the requirement	napter 607 or 617, F.S. I further certify that when filing is of section 607.0401 or 617.0401, F.S., that all fees nder section 119.07(3)(i), F.S. The information indicated
SIGNATI	IDE:	remest	\sqrt{c}	$\mathcal{K}_{\mathcal{N}}$	16	ANNA		(601) 977-8000
SIGNAT	SIGN	ATURE AND TYPED OR PI	NOTED NAME OF	ICA RY	ER BRI	dent & C	FO	Date Daylime Phone #