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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED Mar 06 1998 8:00am Secretary of State

THE M	ERCHANTS COMPANY				
					DOLAKAN EKEN DIEN ANDN ANDR EKEN MEN
•	e of Business	Mailing Address			Pri 41571 41611 41611 41611 41611 1941
P.O. BOX 1351 P.O. BOX 1351 HATTIESBURG MS 39401 HATTIESBURG MS 39401					
HATTIESBURG MS 39401 HATTIESBURG MS 39401				DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualified	E IN THIS OF AGE
				08/04/1978	
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21 26		26		64-0202800	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	25 9. Name and Address of Curren		30	Personal Property Tax due June	
C 1	CORPORATION SYSTEM	t tiefleteien wheili	81 Name	10. Name and Address of New Ro	egistered Agent
	DO SOUTH PINE ISLAND ROAD		The state of the s		
PLANTATION FL 33324			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
	ATTAILOIT I E 00024		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 0503	2 and 607 1508. Florida Statute	the above-named corn	oration submits this statement for the	nurpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporat	oration submits this statement for the ion's board of directors. I hereby acce	pt the appointment as registered
	m familiar with, and accept the obliga	mons or, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and line if applicable (NOTE	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	SUBER, D.B.		1.2 NAME		
STREET ADDRESS	1100 EDWARDS STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HATTIESBURG MS 34901		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	TATUM, ROBERT O.		2.2 NAME		
STREET ADDRESS	315 MAIN STREET		2.3 STREET ADORESS		
CITY-ST-ZIP	HATTIESBURG MS 39401		2 4 CHTY+ST-ZIP		
TITLE	TRE MERCIER, ANDREW B	☐ DELETE	31 TITLE		Change Addition
NAME	1100 EDWARDS STREET		32 NAME		
STREET ADDRESS	HATTIESBURG MS		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	C C	Dritte	3.4. CITY-ST-ZIP		C Observed
	TATUM, F.M., JR.	☐ DELETE	4.1 TITLE		Change Addition
NAME DEDECT ADDRESS	315 MAIN STREET		4. 2 NAME		
STREET ADDRESS	HATTIESBURG MS		4.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE	D	☐ DELETE	4.4 CITY-ST-ZIP		
NAME	TATUM, JOHN M., JR.		5.1 TITLE		Change Addition
STREET ADDRESS	315 MAIN STREET		5.2 NAME]
CITY-ST-ZIP	HATTIESBURG MS 39401		5.3 STREET ADDRESS		ì
TITLE	D	DELETE	5.4 City-St-ZiP 6.1 Title		☐ Change ☐ Addition
NAME	TATUM, JOSEPH F.		6.2 NAME		E change E Montion
STREET ADDRESS	AIRPORT ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	HATTIESBURG MS 39401		6.4 CITY-ST-ZIP		
V VI E.I			0.4 OH 1. 91. TIL		

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 13 if changed, or on an attachment with an address.