FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:02

DOCUMENT # **842839** **(3)**

1. Corporation Name
VALLEY INNOVATIVE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
4400 MANGUM DRIVE PO BOX 1019 JACKSON MS 39208 US	P.O. BOX 1019 JACKSON MS 39215 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1979
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 64-0390145 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WOODS, JOHN	12 NAME	
STREET ADDRESS	4400 MANGUM DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BORDELON, NOREEN H.	22 NAME	
STREET ADDRESS	P.O. BOX 1019 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39215	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOGG, W. T.	32 NAME	
STREET ADDRESS	4400 MANGUM DR.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MARILYN	42 NAME	
STREET ADDRESS	4400 MANGUM DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	COLE, BETTY	52 NAME	
STREET ADDRESS	4400 MANGUM DR.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	HARKEY, MATT	62 NAME	
STREET ADDRESS	4400 MANGUM DR.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	64 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)(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, added or on an attachment with an address.

SIGNATURE: Matthew F. Harkey 3/27/95 601-932-3525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MATTHEW F. HARKEY

0344510 CP