

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

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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **842839** (3)

1. Corporation Name
VALLEY INNOVATIVE SERVICES, INC.

Principal Place of Business 4400 MANGUM DRIVE JACKSON MS 39208 US	Mailing Address P.O. BOX 5454 JACKSON MS 39288-5454 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1979	3a. Date of Last Report 03/01/1996
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number 64-0390145	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. 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	
CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, JOHN	1.2 NAME	
STREET ADDRESS	4400 MANGUM DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDELON, NOREEN H.	2.2 NAME	Bordelon, Noreen H.
STREET ADDRESS	P.O. BOX 1019 N/A	2.3 STREET ADDRESS	P.O. Box 5454, 4400 Mangum Drive
CITY - ST - ZIP	JACKSON MS 39215	2.4 CITY - ST - ZIP	Jackson, MS 39288-5454
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGG, W. T.	3.2 NAME	
STREET ADDRESS	4400 MANGUM DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	3.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, MARILYN	4.2 NAME	John A. Pryor
STREET ADDRESS	4400 MANGUM DRIVE	4.3 STREET ADDRESS	P.O. Box 5454, 4400 Mangum Drive
CITY - ST - ZIP	JACKSON MS	4.4 CITY - ST - ZIP	Jackson MS 39288-5454
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, BETTY	5.2 NAME	
STREET ADDRESS	4400 MANGUM DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKEY, MATT	6.2 NAME	
STREET ADDRESS	4400 MANGUM DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS	6.4 CITY - ST - ZIP	

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: Matthew F. Harkey **Matthew F. Harkey, Treasurer** 2/24/97 601-932-3925

CR2E034 (9/96)