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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90064 032 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 845166

1. Corporation Name

PURCHASE CORPORATION

Principal Place of Business

4401 EAST ALOHA DRIVE
DIAMONDHEAD MS 39525
US

Mailing Address

4401 EAST ALOHA DRIVE
DIAMONDHEAD MS 39525
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1980

4. FEI Number

64-0633303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME JOFFE, CARL H
STREET ADDRESS 4401 EAST ALOHA DR
CITY-ST-ZIP DIAMONDHEAD MS

☐ DELETE

TITLE VPT
NAME ALEXANDER, BILL
STREET ADDRESS 4401 EAST ALOHA DR
CITY-ST-ZIP DIAMONDHEAD MS

☐ DELETE

TITLE PD
NAME JAMES, ARTIS E
STREET ADDRESS 4401 EAST ALOHA DR
CITY-ST-ZIP DIAMONDHEAD MS

☐ DELETE

TITLE D
NAME MCCOWN, JOHN
STREET ADDRESS 4401 EAST ALOHA DR
CITY-ST-ZIP DIAMONDHEAD MS

☐ DELETE

TITLE V
NAME HECTOR, HOLCOMB P.
STREET ADDRESS 4401 EAST ALOHA DR
CITY-ST-ZIP DIAMONDHEAD MS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99

228-255-7723

CR2E034 (11/98)