


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 845166 1. Entity Name PURCHASE CORPORATION	
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Principal Place of Business 4401 EAST ALOHA DRIVE DIAMONDHEAD, MS 39525 US	Mailing Address 4401 EAST ALOHA DRIVE DIAMONDHEAD, MS 39525 US
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DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 64-0633303	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	JOFFE, CARL H
STREET ADDRESS	4401 EAST ALOHA DR
CITY - ST - ZIP	DIAMONDHEAD, MS
TITLE	VPT
NAME	ALEXANDER, BILL
STREET ADDRESS	4401 EAST ALOHA DR
CITY - ST - ZIP	DIAMONDHEAD, MS
TITLE	PD
NAME	JAMES, ARTIS E
STREET ADDRESS	4401 EAST ALOHA DR
CITY - ST - ZIP	DIAMONDHEAD, MS
TITLE	D
NAME	MCCOWN, JOHN
STREET ADDRESS	4401 EAST ALOHA DR
CITY - ST - ZIP	DIAMONDHEAD, MS
TITLE	V
NAME	HECTOR, HOLCOMB P.
STREET ADDRESS	4401 EAST ALOHA DR
CITY - ST - ZIP	DIAMONDHEAD, MS
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/15/04-80038-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Billy G. Alexander

SIGNATURE:  **Vice President of Finance** **03/12/2004** **228-255-7773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #