

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

FILED
Jan 31 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 # **845194** (0)

1. Corporation Name
WEIL BROTHERS-COTTON INCORPORATED



Principal Place of Business P. O. BOX 20100 MONTGOMERY AL 36120	Mailing Address P. O. BOX 20100 MONTGOMERY AL 36120-0100
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3. Date Incorporated or Qualified 02/11/1980	3a. Date of Last Report 02/13/1996
4. FEI Number 63-0781716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL, ROBERT S	1.2 NAME	
STREET ADDRESS	3608 THOMAS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, GEORGE T.	2.2 NAME	
STREET ADDRESS	6207 HADDINGTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL II, ROBERT S	3.2 NAME	
STREET ADDRESS	3631 LANDSDOWNE DR	3.3 STREET ADDRESS	1250 Glen Grattan
CITY-ST-ZIP	MONTGOMERY, AL 00000	3.4 CITY-ST-ZIP	Montgomery, AL 36111
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL III, ADOLPH	4.2 NAME	
STREET ADDRESS	2803 FERNWAY DRIVE	4.3 STREET ADDRESS	3200 Colline Close
CITY-ST-ZIP	MONTGOMERY, AL 00000	4.4 CITY-ST-ZIP	Montgomery, AL 36106
TITLE	VTSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGHEE, JAMES E.	5.2 NAME	
STREET ADDRESS	2344 WENTWORTH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. MCGHEE

1/24/97 (334) 244-1800

Date

Daytime Phone #

0476505

CR2E034 (9/96)