FILE NOW: FILING FEE AF R MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
May 27 1998 8:00am
Secretary of State

DOCUMENT # 852983 (6)

1. Corporation Name
THE WAVERLEY GROUP, INC.

[redacted]

Principal Place of Business	Mailing Address
460 BRIARWOOD DR., SUITE 410 JACKSON MS 39206	P.O. BOX 12000 JACKSON MS 39236-2000

3. Date Incorporated or Qualified: 05/25/1982
3a. Date of Last Report: 4/4/97

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

4. FEI Number: 64-0662575 ☐ 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 CORP SYSTEM
1200 South 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) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BLACK, JOHN L.,JR.		12 NAME		
STREET ADDRESS	235 ST ANDREWS		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39211		14 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DUNBAR, CHAUNCEY R.		22 NAME		
STREET ADDRESS	2339 TIFFANY CIR		23 STREET ADDRESS		
CITY-ST-ZIP	FLORENCE MS 39073		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, BOBBY R.		32 NAME		
STREET ADDRESS	4680 HICKORY DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39211		34 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	WALDROP, MARK		42 NAME		
STREET ADDRESS	106 CRIMSON LANE		43 STREET ADDRESS		
CITY-ST-ZIP	BRANDON MS 39046		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	ALLEN, LEIGH B. III		52 NAME	JOHN L. BLACK, III	
STREET ADDRESS	1017 PINEHURST		53 STREET ADDRESS	46 NORTHTOWN DRIVE	
CITY-ST-ZIP	JACKSON MS 39211		54 CITY-ST-ZIP	JACKSON, MS 39211	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	400002538444	
STREET ADDRESS			63 STREET ADDRESS	-05/28/98--01019--035	
CITY-ST-ZIP			64 CITY-ST-ZIP	***150.00	

4/05/27

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: Chauncey R Dunbar 4-29-98 601-956-1018
CHAUNCEY R DUNBAR
Daytime Phone #

0490341