04-29-1999 90110 005 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999		DIVISION OF CORPORATIONS
DOCUMENT # 85 1. Corporation Name THE WAVERLEY GROUP		
Principal Place of Business	Maili	ng Address
460 BRIARWOOD DR., SUITE 410 JACKSON MS 39206		BOX 12000 SON MS 39236

Principal Plac						— — (1 81811 81	811 BIBIT 1981	
Principal Place of Business Mailing Address		Mailing Address						4	•	
460 BRIARWOOD DR SUITE 410		P.O. BOX 12000								
JACKSON MS	39206	JACKSON MS 39236				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						05/25/1982				
2. Principal P	Place of Business	2a. Mailing Address		_	*	4. FEI Number		Apr	lied For	
⊢ , · · · · · · · · · · · · · · · · · · ·		26	<u> </u>		64-0662575		Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional	
22		27				Certificate of Status Desired	F	ee Re	uired	
City & 5 tat	te	City & State				6. Election Campaign Financing			√ay Be	
23		28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip		ıntry		8. This corporation owes the current ye			٦.,	
24	25	29	30			Personal Property Tax.	XX		□No	
	9. Name and Address of Currer	n Registered Agent		81	Name	10. Name and Address of New Regist	erca Agent	<u> </u>		
C T	CORPORATION SYSTEM			*'	Name	0				
	D SOUTH PINE ISLAND RD.			82	Street A	Address (P.O. Box Number is Not Acceptable)				
	NTATION FL 33324			83						
runi	ITATION I E 00024			ြီ						
				84	City		FL 85	Zip C	ode	
		25 CO7 1500 Florida Cto	ti too tho o	have	nomod	corporation submits this statement for the purpo		ing its r	enistered	
office or i	registered agent, or both, in the State	of Florida. Such change was	authorized	d by i	the corpo	oration's board of directors. I hereby accept the	aprointmen	t as reg	stered	
agent La	am familiar with, and accept the obliga	stone of Section 607 0505. F	Ilarida Ctati							
agont. 7 c	ramman // = = = = = = = = =	italis di, occion con losco, i	- I Jilua Stati	utes.					Į.	
SIGNATUF:E	•				•	required when reinstation) DA	TE			
SIGNATUF:E	Signature, typed or printed name of registered age	int and title if applicable. (NO		i Agen	•	required when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTO	RS IN 12	
SIGNATUF:E	Signature, typed or printed name of registered age		ਹੋ⊺ ≝: Registered	i Agen	•		S AND DIF	RECTOR	RS IN 12	
SIGNATUF:E 12. TITLE	Signature, typed or printed na ne of registered age OFFICERS AN	nt and title if applicable. (NC	T ≝: Registered	i Agen	•		S AND DIF			
SIGNATUF:E 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR.	nt and title if applicable. (NC	13. 1.1 TF 1.2 Ne	Agen TLE AME	t signature re		S AND DIF			
SIGNATUF:E 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS	nt and title if applicable. (NC	27 E: Registered 13. 1.1 TF 1.2 N/ 1.3 S	Agen TLE AME	t signature re		S AND DIF			
SIGNATUF:E 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR.	nt and title if applicable. (NC	27 E: Registered 13. 1.1 TF 1.2 N/ 1.3 S	Agen TLE AME TREET	t signature re		S AND DIF	hange		
SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed as the of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST	nt and title if applicable. (NO NO DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 \$ 1.4 Cl	Agen TLE AME TREET ITY-S1	t signature re		AND DIF	hange	☐ Addition	
SIGNATUF:E 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R.	nt and title if applicable. (NO NO DIRECTORS	13. 1.1 Tf 1.2 N/ 1.3 S' 1.4 Cl 2.1 Tf 2.2 N/	Agen TLE AME TREET ITY-S1 ITLE AME	t signature re		AND DIF	hange	☐ Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS	Signature, typed or printed no the of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR	nt and title if applicable. (NO NO DIRECTORS	13. 1.1 Tf 1.2 Nf 1.3 S 1.4 Cf 2.1 Tf 2.2 Nf 2.3 S	Agen TLE AME TREET ITY-S1 ITLE AME	ADDRESS ADDRESS	ADDITI()NS/CHANGES TO OFFICER	AND DIF	hange	☐ Addition	
SIGNATUF:E 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R.	nt and title if applicable. (NO NO DIRECTORS	13. 1.1 Tf 1.2 Nf 1.3 S 1.4 Cf 2.1 Tf 2.2 Nf 2.3 S	Agen TLE AME TREET ITLE AME TREET	ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIF	hange	☐ Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP	Signature, typed or printed as the of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD	nt and title if applicable. (NO NI) DIRECTORS DELETE	13. 1.1 TT 1.2 NV 1.3 S 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 CI	Agen TLE AME TREET ITLE AME TREET CITY-S	ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIF	hange	Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R.	nt and title if applicable. (NO NI) DIRECTORS DELETE	13. 1.1 Tf 1.2 N/ 1.3 S' 1.4 Cl 2.1 Tf 2.2 N/ 2.3 Si 2.4 C 3.1 Tf 3.2 N/	TILE TREET TITLE TREET TITLE AME TITREET TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIF	hange	Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN LJR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R. 4680 HICKORY DRIVE	nt and title if applicable. (NO NI) DIRECTORS DELETE	27 €: Registered 13. 1.1 Tf 1.2 N/ 1.3 S* 1.4 Cf 2.1 Tf 2.2 N/ 2.3 Sf 2.4 Cf 3.1 Tf 3.2 N/ 3.3 Sf	TILE TREET TITLE TREET TITLE AME TITREET TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICER	XX	change change	Addition Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN LJR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R.	nt and title if applicable. (NO NI) DIRECTORS DELETE	27 €: Registered 13. 1.1 Tf 1.2 N/ 1.3 S* 1.4 Cf 2.1 Tf 2.2 N/ 2.3 Sf 2.4 Cf 3.1 Tf 3.2 N/ 3.3 Sf	TILE AME TREET TREET TLE AME TREET TLE AME TLE TLE TLE TLE TLE TLE TLE T	ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICER	XX	hange	Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R. 4680 HICKORY DRIVE JACKSON MS 39211	nt and title if applicable. (NCNI) DIRECTORS DELETE DELETE	27 €: Registered 13. 1.1 Tf 1.2 N/ 1.3 S* 1.4 Cf 2.1 Tf 2.2 N/ 2.3 Sf 2.4 Cf 3.1 Tf 3.2 N/ 3.3 S* 3.4 Cf 4.1 Tf	TILE AME TREET TREET TLE AME TREET TLE AME TLE TLE TLE TLE TLE TLE TLE T	ADDRESS T-ZIP ADDRESS T-ZIP	870 HWY. 469 SOUTH FLORENCE, MS 39073	XX	change change	Addition Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R. 4680 HICKORY DRIVE JACKSON MS 39211 VP WALDROP, MARK	nt and title if applicable. (NCNI) DIRECTORS DELETE DELETE	27 €: Registered 13. 1.1 Tf 1.2 N/ 1.3 S' 1.4 Cl 2.1 Tf 2.2 N/ 2.3 S1 2.4 C 3.1 Tf 3.2 N/ 3.3 S' 3.4 C 4.1 Tf 4.2 N/ 4.2	TILE AME TREET TITY-SI TITE AME TREET CITY-S TILE AME TREET CITY-S TILE AME TREET	ADDRESS T-ZIP ADDRESS T-ZIP	870 HWY. 469 SOUTH FLORENCE, MS 39073 VICE PRESIDENT ANN T. DUKES	XX	change change	Addition Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R. 4680 HICKORY DRIVE JACKSON MS 39211 VP WALDROP, MARK	nt and title if applicable. (NCNI) DIRECTORS DELETE DELETE	13. 1.1 Tf 1.2 Nv 1.3 S* 1.4 Cf 2.1 Tf 2.2 Nv 2.3 Sf 2.4 Cf 3.1 Tf 3.2 Nv 3.3 Sf 3.4 . Cf 4.1 Tf 4.2 Nv 4.3 S*	TILE AME TREET TITY-SI TITE AME TREET CITY-S TILE AME TREET CITY-S TILE AME TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICER 870 HWY. 469 SOUTH FLORENCE, MS 39073 VICE PRESIDENT ANN T. DUKES 150 WILLOW WAY DRIVE	XX°	hange hange hange	Addition Addition Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R. 4680 HICKORY DRIVE JACKSON MS 39211 VP WALDROP, MARK 106 CRIMSON LANE	nt and title if applicable. (NCNI) DIRECTORS DELETE DELETE	13. 1.1 Tf 1.2 Nv 1.3 S* 1.4 Cf 2.1 Tf 2.2 Nv 2.3 Sf 2.4 Cf 3.1 Tf 3.2 Nv 3.3 Sf 3.4 . Cf 4.1 Tf 4.2 Nv 4.3 S*	AME TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	870 HWY. 469 SOUTH FLORENCE, MS 39073 VICE PRESIDENT ANN T. DUKES	XX°	change change	Addition Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R. 4680 HICKORY DRIVE JACKSON MS 39211 VP WALDROP, MARK 106 CRIMSON LANE BRANDON MS 39046	Init and title if applicable. (NO NI) DIRECTORS DELETE DELETE	27 €: Registered 13. 1.1 Tf 1.2 N/ 1.3 S' 1.4 Cl 2.1 Tf 2.2 N/ 2.3 S1 2.4 C 3.1 Tf 3.2 N/ 3.3 S' 3.4 C 4.1 Tf 4.2 N/ 4.3 S' 4.4 Cl	AME TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICER 870 HWY. 469 SOUTH FLORENCE, MS 39073 VICE PRESIDENT ANN T. DUKES 150 WILLOW WAY DRIVE	XX°	hange hange hange	Addition Addition Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R. 4680 HICKORY DRIVE JACKSON MS 39211 VP WALDROP, MARK 106 CRIMSON LANE BRANDON MS 39046 D BLACK III, JOHN L	Init and title if applicable. (NO NI) DIRECTORS DELETE DELETE	27 €: Registered 13. 1.1 Tf 1.2 N/ 1.3 S' 1.4 Cl 2.1 Tf 2.2 N/ 2.3 S1 2.4 C 3.1 Tf 3.2 N/ 3.3 S' 3.4 C 4.1 Tf 4.2 N/ 4.3 S' 4.4 Cl 5.1 Tf 5.2 N/ 5.2 N/ 5.3 Tf	TILE AME TREET TITY-SI TILE AME TREET TITY-S TILE AME TREET TITY-S TILE TREET TITY-SI TILE TREET TITY-SI TILE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICER 870 HWY. 469 SOUTH FLORENCE, MS 39073 VICE PRESIDENT ANN T. DUKES 150 WILLOW WAY DRIVE	XX°	hange hange hange	Addition Addition Addition	
SIGNATUF:E 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D BLACK, JOHN L.,JR. 235 ST ANDREWS JACKSON MS 39211 ST DUNBAR, CHAUNCEY R. 2339 TIFFANY CIR FLORENCE MS 39073 PD ARNOLD, BOBBY R. 4680 HICKORY DRIVE JACKSON MS 39211 VP WALDROP, MARK 106 CRIMSON LANE BRANDON MS 39046 D BLACK III, JOHN L	Init and title if applicable. (NO NI) DIRECTORS DELETE DELETE	27 €: Registered 13. 1.1 Tf 1.2 Nv 1.3 S' 1.4 Cl 2.1 Tf 2.2 N. 2.3 S1 2.4 Cl 3.1 Tf 3.2 Nv 3.3 SS' 3.4 Cl 4.1 Tf 4.2 N 4.3 S' 4.4 Cl 5.1 Tf 5.2 Nv 5.3 S'	TILE AME TREET TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICER 870 HWY. 469 SOUTH FLORENCE, MS 39073 VICE PRESIDENT ANN T. DUKES 150 WILLOW WAY DRIVE	XX	hange hange hange	Addition Addition Addition	

CITY-ST-ZIP 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 firm an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRE IS

601-956-1013