

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

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1. Entity Name
NEEL-SCHAFFER, INC.



Principal Place of Business
**666 NORTH STREET, SUITE 201
JACKSON MS 39202**

Mailing Address
**P.O. BOX 22625
JACKSON MS 39225-2625**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0671634**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name **David L. Wright**
Street Address (P.O. Box Number is Not Acceptable)
WCG/Neel-Schaffer, Inc.
630 N. Wymore Road, Suite 370
City **Maitland** **FL** Zip Code **32751**

8. 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 *David L. Wright*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC NEEL, W. HIBBETT 666 NORTH STREET, SUITE 201 JACKSON MS 39202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV SCHAFFER, J. GORMAN 666 NORTH STREET, SUITE 201 JACKSON MS 39202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EXLEY, SLADE F 666 NORTH STREET, SUITE 201 JACKSON MS 39202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIGMAN, JOHN G 666 NORTH STREET, SUITE 201 JACKSON MS 39202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKSDALE, JULIAN 666 NORTH STREET, SUITE 201 JACKSON MS 39202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, MARK G 666 NORTH STREET, SUITE 201 JACKSON MS 39202	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President/Director Richard I. Riggins 4205 Hillsboro Rd., Hibbs Bldg, Suite 207 Nashville, TN 37215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President/Director K. Nelson Lucius 101 South Front Street Tupelo, MS 38802	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director Randall L. Meador 704 Hardy Street Hattiesburg, MS 39401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director A. Cecil Jones 5004 Fifth Avenue South Birmingham, AL 35212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director Charles L. Lott, Jr. 666 North Street, Suite 201 Jackson, MS 39202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director Wayne O. Caldwell 666 North Street, Suite 201 Jackson, MS 39202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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.

SIGNATURE: *Slade F. Exley* **REQUIRED F. Exley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

601-948-3071

Daytime Phone #

CR2E034 (10/02)