

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90005 010 ***150.00

DOCUMENT # F01000005840

1. Entity Name

MISSISSIPPI INVESTMENTS, INCORPORATED

Principal Place of Business

P.O. BOX 2067
 LAUREL MS 39442

Mailing Address

P.O. BOX 2067
 LAUREL MS 39442

2. Principal Place of Business

506 MANCHESTER EXPRESSWAY

Suite, Apt. #, etc.

SUITE B5

City & State

COLUMBUS, GA

Zip

31904

Country

USA

3. Mailing Address

P.O. BOX 4767

Suite, Apt. #, etc.

COLUMBUS, GA

City & State

COLUMBUS, GA

Zip

31904

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0205585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, GARDINER JR.	
STREET ADDRESS	1304 HOMEWOOD DRIVE	
CITY-ST-ZIP	LAUREL MS 39440	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	REEDER, CHARLES G	
STREET ADDRESS	756 NORTH FIFTH STREET	
CITY-ST-ZIP	LAUREL MS 39440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, WILLIAM T	
STREET ADDRESS	750 NORTH SIXTH STREET	
CITY-ST-ZIP	LAUREL MS 39440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENT, CHARLES E	
STREET ADDRESS	77 BAY CIRCLE DRIVE	
CITY-ST-ZIP	LAUREL MS 39440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIMS, PAMELA C	
STREET ADDRESS	1929 LAKESHIRE	
CITY-ST-ZIP	TUPELO MS 38801	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR & EXEC VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTON L. DARB	
STREET ADDRESS	283 HICKORY GROVE RD.	
CITY-ST-ZIP	LEESBURG, GA 31763	
TITLE	DIRECTOR & EXEC VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT P. COST	
STREET ADDRESS	7460 ROLLING BEND RD.	
CITY-ST-ZIP	COLUMBUS, GA 31904	
TITLE	DEP DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES W. FEIGHNER, JR.	
STREET ADDRESS	5925 COCA-COLA BLVD	
CITY-ST-ZIP	COLUMBUS, GA 31909	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. MELTON REDDING	
STREET ADDRESS	2051 PIEDMONT LAKE ROAD	
CITY-ST-ZIP	PINE MOUNTAIN, GA 31822	
TITLE	V.P. SEC & TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. RONALD CULBERTA	
STREET ADDRESS	2625 EDGEWOOD RD.	
CITY-ST-ZIP	COLUMBUS, GA 31906	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

Date

706-327-4774

Daytime phone #

CR2E034 (9/01)