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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000000286 (5) 1. Corporation Name PSP MARKETING GROUP, INC.			
Principal Place of Business 5135 GALAXIE DR. #205 JACKSON MS 39206		Mailing Address 5135 GALAXIE DR. #205 JACKSON MS 39206	
2. Principal Place of Business 21 2829 LAKELAND DR. Suite, Apt. #, etc. 22 SUITE 1110 City & State 23 JACKSON MS Zip 24 39208		2a. Mailing Address 26 2829 LAKELAND DR. Suite, Apt. #, etc. 27 SUITE 1110 City & State 28 JACKSON MS Zip 29 39208 Country 30 RANKIN	
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			
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 reappointing) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PCD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PARSONS, RONALD E JR.	1 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	150 OAK RIDGE CIRCLE	1 2 NAME	
CITY - ST - ZIP	MADISON MS 39110	1 3 STREET ADDRESS	
		1 4 CITY - ST - ZIP	
TITLE	VCVD	2 1 TITLE	☐ Change ☐ Addition
NAME	SPOONER, WADE	2 2 NAME	
STREET ADDRESS	100 WOODGLEN PLACE	2 3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON MS 39042	2 4 CITY - ST - ZIP	
TITLE	STD	3 1 TITLE	☒ Change ☐ Addition
NAME	SUGG, CHARLES W	3 2 NAME	
STREET ADDRESS	1087 MEADOW HEIGHTS DR.	3 3 STREET ADDRESS	1506 PLANTATION BLVD.
CITY - ST - ZIP	JACKSON MS 39208	3 4 CITY - ST - ZIP	39211
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	POOLE, JAMES E JR.	4 2 NAME	
STREET ADDRESS	4273 I-55 NORTH	4 3 STREET ADDRESS	
CITY - ST - ZIP	JACKSON MS 39208	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Charles W. Sugg SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR		4/20/95 601-932-5558 Date Daytime Phone #	