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

Mailing Address

JACKSON MS 39282

P.O. BOX 6717

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000000725

Principal Place of Business

P.O. BOX 6717

SOUTHERN COMMUNICATION SPECIALISTS OF MISSISSIPP I, INC.

JACKSON MS 39282		JACKSON MS 39282		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
					02/13/1995				
2 Dringing! Di	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For	
_	ace of business	-	26		64-0819588		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
- 7		— · · · ·	27		5. Certificate of Status Desired L		Fee Re	uired	
City & State		City & State			6. Election Campaign Financing	<i>" ,</i>]	\$5.00		
	•	28			Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	year Inta	ngible	_	
24	25	29 30	1		Personal Property Tax.			□No	
24	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered A	gent		
	The transfer of the second	MARIE SO	81	Name			4		
				82 Street Address (P.O. Box Number is Not Acceptable)					
1200 S. PINE ISLAND RD				50000 Addi	Company of the second of the s	- 5:4: 54:11 2 :		-55 A 133	
I. A PLANTATION FL 33324			83						
			84	Cit	多数有限型的信息 (2) 医成式多数的复数形式	5-1 15 11 5 531 6313 5 3	85 Zip (Code	
				City		FL	'		
an unit asso	A. the previous of Contions 607.05	02 and 607 1508 Florida Statutes.	the above	e-named corp	poration submits this statement for the pu	rpose of o	hanging its	registered	
Office or n	egistered agent, or both, in the Stat	e of Florida. Such change was auth	orized by	the corporation	poration submits this statement for the pu on's board of directors. I hereby accept t	ne appoin	tment as re	gistered	
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Florida	a Statutes.	•					
SIGNATURE	Signature, typed or printed name of registered a	and and title if annicable (NOTE: Re	gistered Agen	it signatura require	ed when reinstating).	DATE			
-42		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AN	DIRECTO		
12.	P	DELETE	1.1 TITLE		04/01/0569		☐ Change	☐ Addition	
TITLE	BAKER, JAMES H		1.2 NAME		Later Action (1997)				
NAME	SPRINGRIDGE RD.		1.3 STREET	T ADDRESS	-1	•			
STREET ADDRESS			1.4 CITY-S						
CITY-ST-ZIP	JACKSON MS 39282	∏ DELETE	2.1 TITLE	1-241	-	_	Change	☐ Addition	
πιĒ	VD		2.2 NAME						
NAME	DEVINEY, MARY LOU S			T ADDRESS		•			
STREET ADDRESS				1				* 3	
CITY-ST-ZIP	JACKSON MS 39282	Transport College	2. 4 CITY-S	51-ZIP			Change	☐ Addition	
TITLE	-SD contended by high	DELETE	3.1 TITLE	ļ			_ •	_	
NAME (13/5	DEVINEY, TERRI	日本日 日 (1977年)	3.2 NAME						
STREET ADDRESS	SPRINGRDIGE RD.			T ADDRESS	· 公司为1000年的1961年的	調費用			
CITY-ST-ZIP	JACKSON MS 39282		3.4. CITY-5	ST-ZIP	1995年2月2日 (1995年1995年1995年1995年1995年1995年1995年1995	ea is earst s Barta SSPS S	Change	Addition	
TITLE	T	☐ DELETE	4.1 TITLE		met light of the met paid in the first	yagirk ∜#illi ƙ	, L. Gildinge	12:	
NAME FOR JOK 5717	BLACK, RICHARD	A Comment	4, 2 NAME						
STREET ADDRESS	ADDITIONS OF DO	्रेस प्रदेश हैं। इस प्रदेश करें देखें	4.3 STREE	T ADDRESS					
CITY-ST-ZIP	JACKSON MS 39282		4.4 CITY-S	ST-ZIP	<u> </u>		Change	Addition	
TITLE		☐ DELETE	5.1 TITLE				□ Change	[1] Addition	
NAME	3:0	•	5.2 NAME		22 4 17 9 4 .				
STREET ADDRESS	, ,,		5.3 STREE	TADORESS				•	
	" P		5.4 CITY-S	ST-ZIP	1,455 1976 3		<u> </u>		
CITY-ST-ZIP	रिक्सिक्टिक, इ.स.च्याहरू है।	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
HILE	SPRINGERAGE RO		6.2 NAME	1					
	JACKSON HE THAN		AA DEDE	T ADDRESS					

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

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90010 012 ***150.00