

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90158 004 \*\*\*550.00

**DOCUMENT # F96000003427**

1. Entity Name  
**JFMA, INCORPORATED**

Principal Place of Business

**PO BOX 4343  
 JACKSON MS 39216**

Mailing Address

**PO BOX 4343  
 JACKSON MS 39216**

00155447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0871265**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **SDC MCCARTY, W B** ☒ Delete  
 STREET ADDRESS **440 N. MILL ST.**  
 CITY-ST-ZIP **JACKSON MS 39216**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **PC MCCARTY, HARRISON R** ☐ Delete  
 STREET ADDRESS **440 N. MILL ST.**  
 CITY-ST-ZIP **JACKSON MS 39216**

TITLE NAME **Secretary, Chairman, Director** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **V CROOK, LEE** ☐ Delete  
 STREET ADDRESS **440 N. MILL ST.**  
 CITY-ST-ZIP **JACKSON MS 39216**

TITLE NAME **President, Director** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **VT JONES, REGINA** ☐ Delete  
 STREET ADDRESS **440 N. MILL ST.**  
 CITY-ST-ZIP **JACKSON MS 39216**

TITLE NAME **Exec.V.P., Treasurer** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **S DEAN, LORA** ☐ Delete  
 STREET ADDRESS **440 N. MILL ST.**  
 CITY-ST-ZIP **JACKSON MS 39216**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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: **Regina Jones** **Regina Jones**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/29/02**  
 Date

**601-987-0100 ext 346**  
 Daytime Phone #

CR2E034 (4/02)