

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90177 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005384

1. Corporation Name
MS SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**P.O. BOX 6005
RIDGELAND MS 39158-6005**

Mailing Address
**P.O. BOX 6005
RIDGELAND MS 39158-6005**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
10/16/1996

4. FEI Number 64-0643391	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FURMAN, ROBERT S				
STREET ADDRESS	715 S PEAR ORCHARD RD., STE 400				
CITY-STATE-ZIP	RIDGELAND MS				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	HOGUE, HAROLD A				
STREET ADDRESS	715 S PEAR ORCHARD RD., STE 400				
CITY-STATE-ZIP	RIDGELAND MS				
TITLE	CD	<input checked="" type="checkbox"/> DELETE			
NAME	STUART JR, JAMES B				
STREET ADDRESS	715 S PEAR ORCHARD RD., STE 400				
CITY-STATE-ZIP	RIDGELAND MS				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	HERRIN, CARL				
STREET ADDRESS	715 S PEAR ORCHARD RD., STE 400				
CITY-STATE-ZIP	RIDGELAND MS				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-STATE-ZIP					
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-STATE-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-STATE-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-STATE-ZIP					
5.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	JOHN E. GOUGH				
5.3 STREET ADDRESS	715 S. PEAR ORCHARD RD. STE 400				
5.4 CITY-STATE-ZIP	RIDGELAND, MS 39157				
6.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	MIKE D. ANDERSON				
6.3 STREET ADDRESS	715 S. PEAR ORCHARD RD. STE 400				
6.4 CITY-STATE-ZIP	RIDGELAND MS 39157				

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

SIGNATURE: Harold A. Hogue **HAROLD A. HOGUE** 4/23/99 (601) 978-6732
Date Daytime Phone #

CR2E034 (11/98)