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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005891 (3)

1. Corporation Name

WORLD COM MANAGEMENT COMPANY, INC.

Principal Place of Business

515 E. AMITE ST.
P.O. BOX 23397
JACKSON MS 39225-3397

Mailing Address

515 E. AMITE ST.
P.O. BOX 23397
JACKSON MS 39225-3397

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

NOT APPLICABLE 64-0887473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 515 East Amite St

Suite, Apt. #, etc.

22

City & State

23 Jackson MS

Zip

24 39201-2702

Country

25 US

2a. Mailing Address

26 515 East Amite St.

Suite, Apt. #, etc.

27

City & State

28 Jackson MS

Zip

29 39201-2702

Country

30 US

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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 CP ☐ DELETE

NAME EBBERS, BERNARD J
STREET ADDRESS 515 E. AMITE ST.
CITY-ST-ZIP JACKSON MS 39225-3397

TITLE CST ☐ DELETE

NAME SULLIVAN, SCOTT D
STREET ADDRESS 515 E. AMITE ST.
CITY-ST-ZIP JACKSON MS 39225-3397

TITLE DAS ☐ DELETE

NAME CANNADA, CHARLES T
STREET ADDRESS 515 E. AMITE ST.
CITY-ST-ZIP JACKSON MS 39225-3397

TITLE AS ☐ DELETE

NAME ANDERSON, WILLIAM E
STREET ADDRESS 515 E. AMITE ST.
CITY-ST-ZIP JACKSON MS 39225-3397

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP/ Controller
David F. Myers
515 E. Amite Street
Jackson, MS 39201-2702

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.

SIGNATURE

CR2E034 (10/97)