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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800000105

AFC, INC. OF MISSISSIPPI

Principal Place of Business 15180 FISHER BL D., #104

GULFPORT MS 39503

Mailing Address

15180 FISHER BL D., #104 **GULFPORT MS 39503**

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90004 004 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

01/07/1998

4. FEI Number

ה .		26			64-0813959		Not.	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					, 192 , \$	8.75 Ad			
27				5. Certifcate of Status Desired	- 14 M	Fee Required			
City & State City & State				6. Election Campaign Financing S5.00 May Be					
28					Trust Fund Contribution	- 🗆	Added to	Fees	
Zip Country Zip C					8. This corporation owes the c	urrent year Intangi	ble .	1	
ا ا	25	29 3	30		Personal Property Tax.		Yes [⊒No _	
*1	9. Name and Address of Current	t Registered Agent			10. Name and Address of Nev	w Registered Age	nt	~	
	100 250 km 250 km 1	1111111111111	81	Name					
BATTLES, ROBERT J				82 Street Address (P.O. Box Number is Not Acceptable)					
211-1	E. BRENT LANE		02	Sileet Auu	Tess (F.O. DOX Number is NOT Acce	iptable)			
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			84	City		FI	Zip'Co	ode	
11 Diamont	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the above-	named con	poration submits this statement for t	the purpose of cha	ngina its r	egistered	
office or re	enistered agent, or both, in the State (of Florida. Such change was aut	thonzed by tr	he corporati	ion's board of directors. I hereby ac-	cept the appointme	ent as regi	stered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.						
SIGNATURE			3i-t	element we see '-	and whom reinstalling)?	DATE			
	Signature, typed or printed name of registered agent		Registered Agent :	signature require	ADDITIONS/CHANGES TO		IRECTOF	S IN 12	
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officer of director of the corporation or the receiver or trustee empowered to execute this report es required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, open an attachment with an address, with all other like empowered.

228-868-8881