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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000005462

1. Corporation Name

LANE-TEDDER & ASSOCIATES, INC.

Principal Place of Business

**1613 14TH ST. SUITE A
MERIDIAN MS 39301**

Mailing Address

**1613 14TH ST. SUITE A
MERIDIAN MS 39301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1998

4. FEI Number

64-0783176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1601 14th St.

2a. Mailing Address

26 1601 14th St.

Suite, Apt. #, etc.

22 Suite E

Suite, Apt. #, etc.

27 Suite E

City & State

23 Same

City & State

28 Same

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE, SUITE 900
MIAMI FL 33131**

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 ☐ DELETE
NAME **C**
STREET ADDRESS **TEDDER, G.M.**
CITY-ST-ZIP **6978 B. W. JOHNSON RD
MERIDIAN MS 39301**

TITLE ☐ DELETE
NAME **VCP**
STREET ADDRESS **LANE, MAURICE**
CITY-ST-ZIP **125 MCGUIRE LANE
PELHAM AL 35124**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **LANE, KYE**
CITY-ST-ZIP **1864 COUNTY RD 156
JEMISON AL 35085**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **TEDDER, MARK**
CITY-ST-ZIP **5578 HWY 18
BRANDON MS 39042**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **USRY, W.F. II**
CITY-ST-ZIP **6973 PLEASANT RIDGE RD
HICKORY MS 39332**

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

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: **W.F. USRY II**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99

601-483-2222

CR2E034 (11/98)