

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90133 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 09/29/1998	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 64-0783176	
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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	TEDDER, G.M.	
STREET ADDRESS	6978 B. W. JOHNSON RD	
CITY-ST-ZIP	MERIDIAN MS 39301	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	LANE, MAURICE	
STREET ADDRESS	125 MCGUIRE LANE	
CITY-ST-ZIP	PELHAM AL 35124	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LANE, KYE	
STREET ADDRESS	1864 COUNTY RD 156	
CITY-ST-ZIP	JEMISON AL 35085	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TEDDER, MARK	
STREET ADDRESS	5578 HWY 18	
CITY-ST-ZIP	BRANDON MS 39042	
TITLE	T	<input type="checkbox"/> DELETE
NAME	USRY, W.F. II	
STREET ADDRESS	6973 PLEASANT RIDGE RD	
CITY-ST-ZIP	HICKORY MS 39332	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Sec Treas W.F. Usry II 3-10-99 601-483-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)