

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

RECORDS SECTION
MAY 1 1994



FLORIDA DEPARTMENT OF STATE
and the State
Secretary of State
Tallahassee, Florida

1995

DOCUMENT # **K89479**

(5)

EASTGROUP SUNBELT, INC.

APPROVED AND FILED

COMM - 1 11 200
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

% C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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1200 S. PINE ISLAND RD.
PLANTATION FL 33324

3. Date of Registration	3a. Date of Registration
05/17/1989	06/02/1994
4. Identification Number	Applied Fee
64-0774346	Not Applicable
5. Number of Shares Issued	\$8.75 Additional Fee Required
6. Election of Corporate Governance	\$5.00 May Be Added to Fees
7. The corporation is a foreign corporation	
8. The corporation is a foreign corporation	

2. Name of Corporation	2a. Mailed Application
21. Name of Corporation	26. Mailed Application
22. Name of Corporation	27. Mailed Application
23. Name of Corporation	28. Mailed Application
24. Name of Corporation	29. Mailed Application
25. Name of Corporation	30. Mailed Application

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

10. Name and Address of New Registered Agent
81. Name
82. Street Address of the Registered Agent
83.
84. City

11. I, the undersigned, being duly qualified to do so, do hereby certify that the information furnished in this form is true and correct and that the person named as the registered agent is qualified to act as such agent. I further certify that the corporation is in compliance with the provisions of the Florida Statutes relating to the registration of corporations.

12. **DO**
SPEED, LELAND R.
188 E CAPITOL ST, STE. 300
JACKSON MS 39201-2195
DO
HOSTER, DAVID H.
188 E CAPITOL ST, SUITE 300
JACKSON MS 39201-2195
DO
MCKEY, N. KEITH
188 E CAPITOL ST, SUITE 300
JACKSON MS 39201-2195
DO
ROGERS, STEVEN G
188 E. CAPITAL ST., STE. 300
JACKSON MS 39201-2195
O
CLARK, SARAH P.
188 E. CAPITOL STREET, SUITE 300
JACKSON MS 39201-2195
D
HOSTER, DAVID H. II
188 E. CAPITOL STREET
JACKSON MS

13. **ADULTS MUST SIGN AND PRINT FULL NAME (PRINT LAST NAME)**

<input type="checkbox"/> Copy	<input type="checkbox"/> Adult
<input checked="" type="checkbox"/> Copy	<input type="checkbox"/> Adult
<input checked="" type="checkbox"/> Copy	<input type="checkbox"/> Adult
<input checked="" type="checkbox"/> Copy	<input type="checkbox"/> Adult
<input checked="" type="checkbox"/> Copy	<input type="checkbox"/> Adult
<input checked="" type="checkbox"/> Copy	<input type="checkbox"/> Adult
<input checked="" type="checkbox"/> Copy	<input type="checkbox"/> Adult
<input checked="" type="checkbox"/> Copy	<input type="checkbox"/> Adult

D/P
Hoster, David H., II
188 E Capitol St., Ste 300
Jackson, MS 39201
D/S
McKey, N. Keith
188 E. Capitol St., Ste. 300
Jackson, MS 39201
DELETED
DELETED
Duplicate see above

14. I, the undersigned, being duly qualified to do so, do hereby certify that the information furnished in this form is true and correct and that the person named as the registered agent is qualified to act as such agent. I further certify that the corporation is in compliance with the provisions of the Florida Statutes relating to the registration of corporations.

SIGNATURE: *Keith McKey, CFO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95