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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 20 1998 8:00am Secretary of State

	MENT # P0015	2 (9)			
MUINN	IIS CORPORATION				
Principal Plac	ce of Business	Mailing Address		(4464491 (11 0641) 6910) EIDA 01119 1(01 0101) EI	DI) GIÐII BIBIR BIBII GIBIR 1884
1120 PARKER ST 1120 PARKER ST					
P.O. DRAWER 9423 MONTGOMERY AL 36108-0423		P.O. DRAWER 9423 MONTGOMERY AL 36108	2214	DO NOT WRITE IN THI	g gp∆∩F
US	11 RL 301004R23	MUNICUMENT AL 36108	2314	3. Date Incorporated or Qualified	3 SFACE
				12/06/1983	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		63-0590869	Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	to.	City & State			Fee Required
23 City & Sta	le	28 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
-	CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324		83		
			63		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es the above-named cor	poration submits this statement for the purpose	of changing its registered
office or i	registered agent, or both, in the State	of Florida, Such change was a	authorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	an laminar with, and accept the bong	and is or, deciron our .coco, i ic	maa otatutes.		
SIGNATURE	Signature, typed or printed name of registered ag-		Registered Agent signature requ	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	LUCILLE R MCINNIS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME OTOETT ADDOCOG	1120 PARKER STREET		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MONTGOMERY AL		1.3 STREET AODRESS 1.4 City-St-Zip		L
TITLE	VO	DELETE	2.1 TiTLE		Change Addition
NAME	MCINNIS, JOHN M. JR.		2.2 NAME		
STREET ADDRESS	1120 PARKER ST.		2.3 STREET ADDRESS		1
CITY-ST-ZIP	MONTGOMERY AL		2. 4 CITY-ST-ZIP		
TITLE	ST	DELETE	3.1 TITLE		Change Addition
NAME	SPENCER MORGAN		3.2 NAME		
STREET ADDRESS	1120 PARKER ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	MCINNIS, TIMOTHY N	T DETEIF	4.1 TITLE 4.2 NAME		Change Addition
NAME STREET ADDRESS	1120 PARKER ST		4.2 NAME 4.3 STREET ADDRESS		}
CITY-ST-ZIP	MONTGOMERY, AL 00000		4.4 City-St-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		- -	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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.