

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01632**

1. Entity Name  
INSTITUTIONAL INVESTMENTS CORPORATION



Principal Place of Business  
3500 EASTERN BLVD.  
P.O. BOX 235000  
MONTGOMERY, AL 36116

Mailing Address  
3500 EASTERN BLVD.  
P.O. BOX 235000  
MONTGOMERY, AL 36116



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-0458810

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	ARONOV, OWEN
STREET ADDRESS	3500 EASTERN BLVD
CITY - ST - ZIP	MONTGOMERY, AL
TITLE	P
NAME	ARONOV, JAKE F
STREET ADDRESS	3500 EASTERN BLVD
CITY - ST - ZIP	MONTGOMERY, AL
TITLE	S
NAME	AUTREY, JENNIFER P.
STREET ADDRESS	3500 EASTERN BLVD.
CITY - ST - ZIP	MONTGOMERY, AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000529891  
05/05/06-80092-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James P. Autrey* *Jennifer P. Autrey* 4-15-06 334-277-1008