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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01711

(1)

INFOLA	ce of Business	Mailing Address P.O. BOX 1309 CLARKSDALE MS 39614-1	900		
CLANKSUALE	MQ 90014	US	300		1
				3. Date Incorporated or Qualified 04/23/1984	3a. Date of Last Report 03/20/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		64-0470300	Not Applicable
Suite, Apt 22	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City 6		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Current	29 Agent	[30]	Florida Statutes 10. Name and Address of New Re	Yes No
		nogistered Agent	81 Name	lo. Hanie and Address of flow no	Maretan Meur
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD . PLANTATION FL 33324				ddress (P.O. Box Number is Not Acceptat	ble)
			84 City		FL 85 Zip Code
11. Pursuant office or agent. Fa			tes, the above-named or authorized by the corpo orida Statutes.	orporation submits this statement for the pration's board of directors. I hereby acceptations	purpose of changing its registered of the appointment as registered
	Signature, typed or printed name of registered agent		TE: Registered Agent signature re		DATE
12. Tild	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	PD Spradling, I. Dean	LI VILLIE	1.2 NAME		Change Cir roomon
STREET ADDRESS	1735 MAYWOOD PLACE		1.3 STREET ADDRESS		
CITY - ST - 71P	CLARKSDALE MS		1.4 CITY-ST-ZIP		/
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	BUCK, LAMAR		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - S1 - ZIP	HELENA AR		2. 4 CITY-ST-ZIP		
THILF	STD	☐ DELETE	3 1 TITLE		Change Addition
NAME	SANDS, RAYMOND B.		3.2 NAME		
STREET ADDRESS	,,,,,		3.3 STREET ADDRESS		
CHY-SI-ZIP	TUNICA MS	Driett	3.4. CITY - ST - ZIP		Change Addition
TIME	D ODDADUNO MOEL C	☐ DELETE	4.1 TITLE		Change Addition
NAME CARLES ADDRESS	SPRADUNG, JOEL S.		4. 2 NAME		
STREET ADDRESS	P.O. BOX 1309 N/A CLARKSDALE MS		4.3 STREET ADDRESS		
City - \$1 - 715	D D	DELETE	4.4 CITY-ST-ZIP S.1 TITLE		Change Addition
NAME	JONES, FORREST		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - 7IP	CLEVELAND MS		5.4 CITY-ST-ZIP		
Titte	D OCCUPATION	DELETE	6.1 TITLE		☐ Change ☐ Addition
N4ME	RASBURY, WAYNE		6.2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		
CITY-ST ZIP	NATCHEZ MS		6.4 CITY - ST - ZIP		

14. I do 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 11 that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in this 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 11 that I am a 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 11 that I am a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

CHATURE AND VIPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR DAY

INFOLAB, INC. 12-31-96

PRINCIPAL OFFICERS AND DIRECTORS

I. DEAN SPRADLING 1735 MAYWOOD PLACE 426-54-8203

LAMAR BUCK 124 SENCA 428-56-3874

FOREST JONES 101 THOMAS 525-66-2706

RAYMON B. SANDS 241-4th NORTH ST. EAST RT. 2 BOX 241 415-58-5633

WAYNE RASBURY 80 WOODGATE ROAD 419-52-1291

FRED FAIR 31 SOUTH WIND ROAD 403-34-6880

BURT PALMER 311 LAFAYETTE CIRCLE 229-62-9285

SUMNER SPRADLING 1202 HICKORY TRACE DRIVE 587-90-2097

JOEL S. SPRADLING LOT #99 DESOTO LAKE ROAD 587-08-3794 PRESIDENT/OFFICER CLARKSDALE, MS 38614

VICE PRESIDENT/OFFICER HELENA, AR 72342

DIRECTOR CLEVELAND, MS 38732

SECRETARY-TREASURER/OFFICER TUNICA, MS 38676

DIRECTOR RINGGOLD, GA 30736

DIRECTOR NATCHEZ, MS 39120

DIRECTOR FLORENCE, SC 29501

DIRECTOR
GREENSBORO, NC 27407

DIRECTOR RENA LARA, MS 38767