

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01711 (1)
1. Corporation Name
INFOLAB, INC.

Principal Place of Business Mailing Address
P.O. BOX 1309 P.O. BOX 1309
CLARKSDALE MS 38614 CLARKSDALE MS 38614

FILED
Jul 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/23/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		64-0470300	
24 Country		29 Country		Applied For	
				Not Applicable	
				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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent

SPRADLING, JOEL S
5542 SOUTH WEST 6TH PLACE
OCALA FL 34474

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRADLING, I. DEAN	1.2 NAME	
STREET ADDRESS	1735 MAYWOOD PLACE	1.3 STREET ADDRESS	Clarksdale, MS 38614
CITY-ST-ZIP	CLARKSDALE MS	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, LAMAR	2.2 NAME	
STREET ADDRESS	124 SENECA	2.3 STREET ADDRESS	Helena, AR 72342
CITY-ST-ZIP	HELENA AR	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, RAYMOND B.	3.2 NAME	Sands, Raymond B.
STREET ADDRESS	P.O. BOX 996	3.3 STREET ADDRESS	241-4th North St. East
CITY-ST-ZIP	TUNICA MS	3.4 CITY-ST-ZIP	Tunica, MS 38676
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRADLING, JOEL S.	4.2 NAME	Spradling, Joel S.
STREET ADDRESS	P.O. BOX 1309	4.3 STREET ADDRESS	5542 South West 6th Place
CITY-ST-ZIP	CLARKSDALE MS	4.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, FORREST	5.2 NAME	
STREET ADDRESS	101 THOMAS	5.3 STREET ADDRESS	Cleveland, MS 38732
CITY-ST-ZIP	CLEVELAND MS	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASBURY, WAYNE	6.2 NAME	Rasbury, Wayne
STREET ADDRESS	80 WOODGATE ROAD	6.3 STREET ADDRESS	80 Woodgate Road
CITY-ST-ZIP	NATCHEZ MS	6.4 CITY-ST-ZIP	Ringgold, GA 30736

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 my address.

SIGNATURE

SIGNATURE REQUIRED

I. Dean Spradling 7/6/98 601-627-2283

CR2E034 (5/98)

Infolab, Inc.
12-31-97
Additional Directors

D
Fred Fair
31 South Wind Road
Natchez, MS 39120

D
Sumner Spradling
1202 Hickory Trace Drive
Greensboro, NC 27407