

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 02 AM 10:22

DOCUMENT # **P07481** (5)

To: Corporate Name
PERDUE - FOLMAR CO., INC.

Principal Place of Business Mailing Address
PO BOX 389 PO BOX 389
1000 MONTGOMERY HWY. 1000 MONTGOMERY HWY.
LUVERNE AL 36049 LUVERNE AL 36049

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/20/1985 | 3a. Date of Last Report 02/18/1994 |
| 4. FEI Number 63-0772915 | Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent
MILLER, J. L.
503 S. JEFFERSON ST.
MARIANNA FL 32446

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 officer 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 607.0507, Florida Statutes.

SIGNATURE: *[Signature]* **PRESIDENT** DATE: **2/14/95**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12? | |
|--|-----------------------------------|--|--|
| TITLE PD | NAME PERDUE, JAMES V. | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS RT 1 AIRPORT RD | CITY-ST-ZIP LUVERNE AL | 1.2 NAME | |
| TITLE SD | NAME PERDUE, CATHRYN M. | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS RT 1 AIRPORT RD | CITY-ST-ZIP LUVERNE AL | 2.2 NAME | |
| TITLE D | NAME PERDUE, THOMAS W. | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS PO BOX 45 N/A | CITY-ST-ZIP BRANTLEY AL | 3.2 NAME | |
| TITLE | NAME | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | NAME | 4.2 NAME | |
| CITY-ST-ZIP | STREET ADDRESS | 4.3 STREET ADDRESS | |
| TITLE | NAME | 4.4 CITY-ST-ZIP | |
| STREET ADDRESS | NAME | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | STREET ADDRESS | 5.2 NAME | |
| TITLE | NAME | 5.3 STREET ADDRESS | |
| STREET ADDRESS | NAME | 5.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | STREET ADDRESS | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | 6.2 NAME | |
| STREET ADDRESS | NAME | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAME | 6.4 CITY-ST-ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Cathryn M. Perdue* **Cathryn M. Perdue** DATE: **2-13-95** TELEPHONE: **(334) 336-5091**