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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P09353

(4)

1. Corporation Name  
JIM MASSEY, INC.



Principal Place of Business  
1162 S DECATUR ST  
MONTGOMERY AL 36104

Mailing Address  
PO BOX 4479  
MONTGOMERY AL 36103-4479

2. Principal Place of Business

2a. Mailing Address

21 541 EAST SOUTH ST

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 MONTGOMERY, AL

28 Zip

24 36104

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/10/1986

3a. Date of Last Report

01/24/1996

4. FEI Number

63-0483074

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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

TITLE PD  
NAME MASSEY, JAMES B. JR.  
STREET ADDRESS 1162 SO. DECATUR ST.  
CITY - ST - ZIP MONTGOMERY AL

DELETE

TITLE STV  
NAME MASSEY, MARY VIRGINIA  
STREET ADDRESS 1162 SO. DECATUR ST.  
CITY - ST - ZIP MONTGOMERY AL

DELETE

TITLE D  
NAME MASSEY, MARY VIRGINIA  
STREET ADDRESS 1162 SO. DECATUR ST.  
CITY - ST - ZIP MONTGOMERY AL

DELETE

TITLE D  
NAME SCOTT, JAMES M.  
STREET ADDRESS 57 ADAMS AVE.  
CITY - ST - ZIP MONTGOMERY AL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 541 EAST SOUTH STREET  
1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 541 EAST SOUTH STREET  
2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 541 EAST SOUTH STREET  
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97 334-262-8852

Date

Daytime Phone #

CR2E034 (9/96)