FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR -2 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11401 (7)

1. Corporation Name
M.O. CARROLL-NEWTON COMPANY, INC.

Principal Place of Business	Mailing Address
924 E BROAD ST. OZARK AL 36360	P. O. BOX 1929 OZARK AL 36361 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1986
3a. Date of Last Report: 04/11/1994
4. FEI Number: 63-0772594 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BAILEY, DAVID
3003 SARASOTA AVE.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: DAVID BAILEY
82 Street Address (P.O. Box Number is Not Acceptable): 4208 GRADY STREET
83
84 City: PANAMA CITY FL 85 Zip Code: 32401

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] (Signature of New Registered Agent, if changing) (NOTE: Registered Agent signature required when reinstating) DATE: 2-7-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, SAM J. JR.	1.2 NAME	
STREET ADDRESS	FAIRWAY WOODS	1.3 STREET ADDRESS	
CITY-ST-ZIP	OZARK AL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, J. TROTMAN	2.2 NAME	
STREET ADDRESS	HICKORY CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OZARK AL	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, FRANK N.	3.2 NAME	
STREET ADDRESS	SQUIRREL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OZARK AL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, KELLS C.	4.2 NAME	
STREET ADDRESS	SQUIRREL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OZARK AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CARROLL, SAM J. III	5.2 NAME	
STREET ADDRESS	SQUIRREL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OZARK AL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kells C. Carroll 2-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405861 FP