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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P12071** **(7)**

1. Corporation Name
M.G.A., INC.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/12/1986**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business
21 739 W. Main Street
22 Suite, Apt. #, etc.
23 City & State: Dothan, Alabama
24 Zip: 36301
25 Country: U.S.A.

2a. Mailing Address
26 739 W. Main Street
27 Suite, Apt. #, etc.
28 City & State: Dothan, Alabama
29 Zip: 36301
30 Country: U.S.A.

4. FEI Number: **63-0897651** ☐ 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

9. Name and Address of Current Registered Agent
[redacted]

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): c/o CT Corporation System
83 1200 South Pine Island Road
84 City: Plantation FL 85 Zip Code: 33324

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: Mary Q. Adams Mary Adams, Asst. Secretary April 25, 1995
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	11 TITLE	☒ Change ☐ Addition
NAME	PARRISH, H. HARRISON	12 NAME	
STREET ADDRESS	[redacted]	13 STREET ADDRESS	739 W. Main Street
CITY-ST-ZIP	DOTHAN AL	14 CITY-ST-ZIP	
TITLE	[redacted]	21 TITLE	Secretary ☒ Change ☐ Addition
NAME	[redacted]	22 NAME	S. Page Todd
STREET ADDRESS	[redacted]	23 STREET ADDRESS	739 W. Main Street
CITY-ST-ZIP	[redacted]	24 CITY-ST-ZIP	Dothan, AL 36301
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	MALUGEN, JOE T.	32 NAME	
STREET ADDRESS	[redacted]	33 STREET ADDRESS	739 W. Main Street
CITY-ST-ZIP	DOTHAN AL	34 CITY-ST-ZIP	
TITLE		41 TITLE	Director ☒ Change ☐ Addition
NAME		42 NAME	William B. Snow
STREET ADDRESS		43 STREET ADDRESS	739 W. Main Street
CITY-ST-ZIP		44 CITY-ST-ZIP	Dothan, AL 36301
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 the 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: [redacted] 3/21/95 (334)677-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. Page Todd, Secretary

0455400 FP