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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17239

(5)

FILED Apr 17 1997 8:00am Secretary of State

L.R. MO	URNING, CO., INC.										
Principal Place	e of Business	Mailing	Address					EIBII BIBII b ii		: 113 11 1111	
2230 COTTONDALE LANE. STE. 5 2230 COTTONDALE LANE. STE LITTLE ROCK AR 72202 LITTLE ROCK AR 72202-2048											
							3. Date Incorporated or Qualified	1 "	e of Last F	Report	7
6 D	d Duckey	- 1 0 - 14 -	lines Address			····	12/16/1987	04/2	3/1996		┧
r1	lace of Business		ling Address				4. FEI Number			pplied For lot Applicable	+
Suite, Apt	# etc	26	Suite, Apt. #, etc.				75-1847 153			Additional	-
22]		27	27				5. Certificate of Status Desired			Required	
City & State	e e		City & State			6. Election Campaign Financing			May Be]	
23		28					Trust Fund Contribution	<u> </u>		to Fees	4
Zip	Country	Zip		— ¬	untry		8. This corporation has liability for	intangible t] Yes []		s. 199.032,	1
24	25 9. Name and Address of Curre	29 ant Registere	d Agent	30	γ		Florida Statutes 10. Name and Address of New Re				-
						Name	10. 114110 4114 7150 01 11611 715	1010104			
	CORPORATION SYSTEM				-						4
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				,	82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)			
PLAI	MINION FL 33324				63			·····			
					84	City	<u></u>	- <u></u>	85 Zip	Code	-
	A T ,		···		1 1	-		<u>FL</u>			
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607,1 e of Florida, \$	508, Florida Statut luch change was i	es, the a authorize	above ad by	named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of ot the appo	changing intment a	its registered s registered	
agent La	m familiar with, and accept the obli	gations of, Se	ction 607.0505, Fl	orida Sta	tutes						ĺ
SIGNATURE	Signature, typied or printed name of registered as							DATE			
12.	OFFICERS A			13.		y alghature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	4
1010F	P	TIP OILLEOTO	DELETE	_	ITLE		1001101010101010101010101010101010101010		Change		- 8
NAME	MOURNING, RANDY			121	1.2 NAME						3
STREET ADDRESS	2230 COTTONDALE LN, STE	5		1.3 9	STREET.	ADDRESS					18
CITY-ST-ZIP	LITTLE ROCK AR			1.4 (1.4 CITY-ST-ZIP						<u> </u>
THTLE	AS DELETE			2.1 1	ITLE				Change	Addition Addition	٦٢
NAME	GARRETT, CHARLES			2.2 N	IAME	}					
STREET AODRESS	18600 MINTON ROAD			2.3 \$	STREET	ADDRESS					
CITY - ST - Zift	LITTLE ROCK AR				CITY-S	T-ZIP					1
THE			DELETE		ITLE)		6.52	☐ Change	Addition	
NAME					IAME						
STREET ADORESS						ADDRESS					1
CITY-ST-ZIF			DELETE		CITY-S	T-ZIP			Change	Addition	4
1014 b			F" DETEIC	4.1 7	name				Change	LI Addition	
NAME PROVIDENCES				•		ADDRESS					-
STREET ADDRESS ONLY-ST-ZIP											1
ING ING			DELETE		TITY-ST	- 211			Change	Addition	\exists
NAME				- 1	IAME	-					1
STHEET ADDRESS						ADDRESS					-
City-SI-ZiF					CiTY-\$1	i					
Tille			DELETE	_	TILE				Change	Addition	7
NAME				6.21	NAME						
STREET ADDRESS				635	STREET	AODRESS					-
CITY- ST-7IF					CITY - ST						_
14. Ldo hereb informatio	by certify that the information suppli in Indicated on this annual report or	ed with this fill supplementa	ing does not quali annual report is t	ly for the	accu	mption state rate and the	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further al effect as	certify that	t the nder oath; tha	ıt l

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliermental 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 charged, or on an attachment with an address.

Š(GNATURE:

SHATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

4/11/97

501-664-0086

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