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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 # **P27331** **(8)**

1. Corporation Name
KLLM, INC.

Principal Place of Business	Mailing Address
3475 LAKELAND DRIVE PO BOX 6098 JACKSON MS 39288-3098	3475 LAKELAND DRIVE PO BOX 6098 JACKSON MS 39288-3098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/15/1989**
3a. Date of Last Report: **07/05/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **64-0577750** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 date of signature (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	11 TITLE	PRESIDENT & CEO ☐ Change ☒ Addition
NAME	CHERRY, JOSEPH H.	12 NAME	STEVE BEVILAQUA
STREET ADDRESS	ROUT 1, BOX 383A	13 STREET ADDRESS	3475 LAKELAND DR
CITY ST ZIP	FLORENCE MS	14 CITY ST ZIP	JACKSON MS 39208
TITLE	VCP	21 TITLE	☐ Change ☐ Addition
NAME	STIANCHE, JOE	22 NAME	
STREET ADDRESS	137 MOSS RIDGE DR.	23 STREET ADDRESS	
CITY ST ZIP	JACKSON MS	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	YOUNG, JAMES LEON	32 NAME	
STREET ADDRESS	112 COACHMAN'S ROAD	33 STREET ADDRESS	
CITY ST ZIP	MADISON MS	34 CITY ST ZIP	
TITLE	VCP	41 TITLE	☐ Change ☐ Addition
NAME	LANE, J. KIRBY	42 NAME	
STREET ADDRESS	407 WARWICK DR.	43 STREET ADDRESS	
CITY ST ZIP	CLINTON MS	44 CITY ST ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	LILES, WILLIAM J., JR.	52 NAME	700001488007
STREET ADDRESS	5440 CHARTER OAK PLACE	53 STREET ADDRESS	-05/16/95--01007--025
CITY ST ZIP	JACKSON MS	54 CITY ST ZIP	****200.00 ****200.00
TITLE	CD	61 TITLE	☐ Change ☐ Addition
NAME	LEE, BENJAMIN C., JR.	62 NAME	
STREET ADDRESS	411 OAKRIDGE DR.	63 STREET ADDRESS	
CITY ST ZIP	JACKSON MS	64 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)(k), 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: David M Thomas 5/1/95 601-933-4921
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — (Telephone Number)
DANIEL M THOMAS JR CONTROLLER

0470001 FP