**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

**3475 LAKELAND DRIVE**
**PO BOX 6098**
**JACKSON MS 39288-3098**

Mailing Address

**3475 LAKELAND DRIVE**
**PO BOX 6098**
**JACKSON MS 39288-3098**

3. Date Incorporated or Qualified: **12/15/1989**

3a. Date of Last Report: **05/01/1995**

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 authority for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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 Numbers Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above for profit corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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

| 12. OFFICER AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PCEO | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | BEVILAQUA, STEVE | | NAME | |
| STREET ADDRESS | 3475 LAKELAND DR. | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS 39208 | | CITY-ST-ZIP | |
| TITLE | VCP | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | STIANCHE, JOE | | NAME | |
| STREET ADDRESS | 137 MOSS RIDGE DR. | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | | CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | YOUNG, JAMES LEON | | NAME | |
| STREET ADDRESS | 112 COACHMAN'S ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP | MADISON MS | | CITY-ST-ZIP | |
| TITLE | VCP | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | LANE, J. KIRBY | | NAME | |
| STREET ADDRESS | 407 WARWICK DR. | | STREET ADDRESS | |
| CITY-ST-ZIP | CLINTON MS | | CITY-ST-ZIP | |
| TITLE | CD | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | LILES, WILLIAM J., JR. | | NAME | |
| STREET ADDRESS | 5440 CHARTER OAK PLACE | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | | CITY-ST-ZIP | |
| TITLE | CD | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | LEE, BENJAMIN C., JR. | | NAME | |
| STREET ADDRESS | 411 OAKRIDGE DR. | | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSON MS | | CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing complies with the applicable provisions of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental attachment does not include any prohibited entities listed in s. 287.133(2)(a), Florida Statutes. I further certify 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:** Sharon McMullan 3-19-96 601-933-4928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)