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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:09

DOCUMENT # P27958 (8)

1. Corporation Name
MID-SOUTH STONE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
314 FOUNTAIN SQ BLOOMINGTON IN 37404-6104 US	314 FOUNTAIN SQ BLOOMINGTON IN 47404-6104 US

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 47404-6104 Country 25

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

4. FEI Number: 62-0919229 ☐ 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

F & L CORP
200 WEST FORSYTH STREET
SUITE 1700
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PBOD	1.1 TITLE		☐ Change ☐ Addition
NAME	RECHTER, RICHARD P.	1.2 NAME		
STREET ADDRESS	314 FOUNTAIN SQ	1.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON IN	1.4 CITY-ST-ZIP		
TITLE	EVP	2.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, FRANK M.	2.2 NAME		
STREET ADDRESS	421 GREAT CIRCLE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP		
TITLE	BOD	3.1 TITLE		☐ Change ☐ Addition
NAME	MULLENGER, BARBARA R	3.2 NAME		
STREET ADDRESS	9812 NORTHBRIDGE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	LADUE MO	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	NEELEY, JEROME C	4.2 NAME	NEELY, JEROME C	
STREET ADDRESS	314 FOUNTAIN SQ	4.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON IN	4.4 CITY-ST-ZIP		
TITLE	VPCF	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, DONALD R.	5.2 NAME		
STREET ADDRESS	421 GREAT CIRCLE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP		
TITLE	EVP	6.1 TITLE		☐ Change ☐ Addition
NAME	RECHTER, BENJAMIN R.	6.2 NAME		
STREET ADDRESS	3100 W END AVE, S1030	6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	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: Jerome C. Neely Sec.-Treas. Jerome C. Neely, Sec. 1/18/95 (812) 330-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488765 FN