

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 22 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P30421** (2)

1. Corporation Name
ELLIS LORD, INC.

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| Principal Place of Business P.O. BOX 161506 MOBILE AL 36616-2506 US | Mailing Address P.O. BOX 161506 MOBILE AL 36616-2506 US |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1990

| | | | |
|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | 4. FEI Number 63-1025664 Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent PAGE, WILEY C 8826 N. DAVIS HWY. SUITE 1 PENSACOLA FL 32514 | 10. Name and Address of New Registered Agent 81 Name Jackie P. Melvin 82 Street Address (P.O. Box Number is Not Acceptable) Suite 1, 8826 N. Davis Hwy. 83 84 City Pensacola FL 85 Zip Code 32514 |
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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 *Jackie P. Melvin* DATE 1/9/98
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 | PTD | 1.1 TITLE | |
| NAME | LORD, L. ELLIS | 1.2 NAME | |
| STREET ADDRESS | 501 CHURCH AVE. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | DAPHNE AL | 1.4 CITY - ST - ZIP | |
| TITLE | S | 2.1 TITLE | |
| NAME | WEBER, JAY W. | 2.2 NAME | |
| STREET ADDRESS | 6416 TOKENEAK TRAIL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MOBILE AL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing 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: *Jackie P. Melvin* **REQUIRED**

1-12-98

(334) 343-8198

CR2E034 (10/97)