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 MAR -6 PM 4:10

DOCUMENT # P31692 (7)

1. Corporation Name
~~NATIONWIDE BOND, INC.~~ Rives, Leavell & Co., Inc.
See Attached Articles of Amendment

Principal Place of Business	Mailing Address
~~P O BOX 75~~ ~~JACKSON MS 39205~~ 460 Briarwood Dr., Ste. 515 Jackson, MS 39206	~~P O BOX 75~~ ~~JACKSON MS 39205~~ P.O. Drawer 12848 Jackson, MS 39236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1990
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 63-0593174 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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	CD	1.1 TITLE		☒ Change ☐ Addition
NAME	RIVES, W B	1.2 NAME		
STREET ADDRESS	425 S STATE ST.	1.3 STREET ADDRESS	460 Briarwood Dr., Ste. 515	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	Jackson, MS 39206	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	LEAVELL, ROLAND	2.2 NAME		
STREET ADDRESS	425 S STATE ST	2.3 STREET ADDRESS	460 Briarwood Dr., Ste. 515	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	Jackson, MS 39206	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	PONDER, BESS	3.2 NAME	Marc Daniels	
STREET ADDRESS	425 S STATE ST.	3.3 STREET ADDRESS	460 Briarwood Dr., Ste. 515	
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	Jackson, MS 39206	
TITLE	VP	4.1 TITLE	T	☒ Change ☐ Addition
NAME	ARMITAGE,MILTON	4.2 NAME	Marc Daniels	
STREET ADDRESS	425 S STATE ST.	4.3 STREET ADDRESS	460 Briarwood Dr., Ste. 515	
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	Jackson, MS 39206	
TITLE	EVPD	5.1 TITLE		☐ Change ☐ Addition
NAME	LANKFORD, ROGER	5.2 NAME		
STREET ADDRESS	5134 W. FALLEN LEAF	5.3 STREET ADDRESS		
CITY-ST-ZIP	GLENDALE AZ	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLIN, THOMAS M	6.2 NAME		
STREET ADDRESS	571 COUNTY RD. #276	6.3 STREET ADDRESS		
CITY-ST-ZIP	CULLMAN AL	6.4 CITY-ST-ZIP	# DEPOSITED BY BANK	TLL

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 addition.

SIGNATURE: Marc Daniels Marc Daniels, Sec/Trea. 11/2/95 (601) 948-4500
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0470064 FP