

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31692** (7)

1. Corporation Name
RIVES, LEAVELL & CO., INC.

Principal Place of Business

**460 BRIARWOOD DR.
SUITE 515
JACKSON MS 39206
US**

Mailing Address

**P. O. DRAWER 12648
JACKSON MS 39236
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1990

4. FEI Number

63-0593174

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RIVES, W B	
STREET ADDRESS	460 BRIARWOOD DR., STE. 515	
CITY-ST-ZIP	JACKSON MS 39206	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEAVELL, ROLAND	
STREET ADDRESS	460 BRIARWOOD DR., STE. 515	
CITY-ST-ZIP	JACKSON MS 39206	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DANIELS, MARC	
STREET ADDRESS	460 BRIARWOOD DR., STE. 515	
CITY-ST-ZIP	JACKSON MS 39206	

TITLE	T	<input type="checkbox"/> DELETE
NAME	DANIELS, MARC	
STREET ADDRESS	460 BRIARWOOD DR., STE. 515	
CITY-ST-ZIP	JACKSON MS 39206	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRICKLIN, THOMAS M	
STREET ADDRESS	571 COUNTY RD. #278	
CITY-ST-ZIP	CULLMAN AL 39206	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Milton Collier
1.3 STREET ADDRESS	460 Briarwood Drive, Ste 515
1.4 CITY-ST-ZIP	Jackson MS 39206

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark Mc Neece
2.3 STREET ADDRESS	460 Briarwood Drive, Ste 515
2.4 CITY-ST-ZIP	Jackson MS 39206

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David M. Dallenbach
3.3 STREET ADDRESS	460 Briarwood Drive, Ste 515
3.4 CITY-ST-ZIP	Jackson MS 39206

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C W Needham
4.3 STREET ADDRESS	460 Briarwood Drive, Ste 515
4.4 CITY-ST-ZIP	Jackson MS 39206

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Landrum P. Leavell
5.3 STREET ADDRESS	460 Briarwood Drive, Ste 515
5.4 CITY-ST-ZIP	Jackson MS 39206

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Financial Officer
6.3 STREET ADDRESS	Angela B. Dean
6.4 CITY-ST-ZIP	460 Briarwood Drive, Ste 515 Jackson MS 39206

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:

Angela B. Dean

Angela B. Dean

2/11/98

601-948-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0821130

CR2E034 (10/97)