


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P31692 1. Entity Name RIVES, LEAVELL & CO., INC. |  |
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| Principal Place of Business 1430 LELIA DRIVE JACKSON, MS 39216 US | Mailing Address PO BOX 4900 JACKSON, MS 39296 |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 |
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07122004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 63-0593174 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

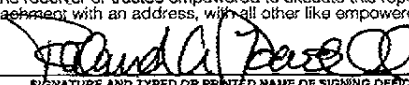
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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LEAVELL, ROLAND Q 1430 LELIA DRIVE JACKSON, MS 39216 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V MCNEECE, MARK 1430 LELIA DRIVE JACKSON, MS 39216 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | RVP DANIELS, MARC 1430 LELIA DRIVE JACKSON, MS 39216 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPO SWART, MIKE 1430 LELIA DRIVE JACKSON, MS 39216 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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07/16/04-80010-016 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  7/12/04 601-948-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #