

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 033 ***150.00

DOCUMENT # P31692

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



Principal Place of Business
**1430 LELIA DRIVE
JACKSON, MS 39216 US**

Mailing Address
**PO BOX 4900
JACKSON, MS 39296**

50000592



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0593174

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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
**CFOS
ROBINSON, SID
1430 LELIA DR
JACKSON, MS 39216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPO
SAMSON, STEPHEN
1430 LELIO DR
JACKSON, MS 39216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Sid Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

Date

601-948-4500

Daytime Phone #