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 30 AM 8:57

DOCUMENT # P36682 (3)

1. Corporation Name
INTERVEST MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
POST OFFICE BOX 12791 JACKSON MS 39236	POST OFFICE BOX 12791 JACKSON MS 39236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 5750 I 55 N Frontage Rd.	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JAckson MS	City & State 28
Zip 24 39211 / Country 25 Hinds	Zip 29 / Country 30

4. FEI Number: 64-0739340 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TERKEURST, DUDLEY 3000 JOW ASHTON ROAD ST. AUGUSTINE FL 32084	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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	NAIL, J. S	1.2 NAME	
STREET ADDRESS	5750 I-55 N. FRONTAGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	DUDLEY, RODNEY H.	2.2 NAME	
STREET ADDRESS	5750 I-55 N. FRONTAGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SHOWS, KAREN S	3.2 NAME	
STREET ADDRESS	5750 I-55 N FRONTAGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, G. BURNS	4.2 NAME	
STREET ADDRESS	5750 I-55 N FRONTAGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: J. Stan Nail — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-95 (Date) 601-956-6000 (Daytime Phone #)

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