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

APPROVED AND FILED
95 MAY -1 AM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S49200** (6)

1. Corporation Name

JESSE RHODES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1948 E.J. BAU PLAZA STE. 700 FAYETEVILLE AR 72702	P.O. BOX 1948 E.J. BAU PLAZA STE. 700 FAYETEVILLE AR 72702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 PO Box 1948	26 Same
Suite, Apt. # etc. 22 E.J. Ball Plaza Suite 700	Suite, Apt. # etc. 27
City & State 23 Fayetteville AR	City & State 28
Zip 24 72702 / Country 25 Washington	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/01/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 71-0707482 ☐ 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

HALEY, J.T., ESQ.
100 S. BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131

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 ________

12. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	MOURTON, KENNETH R.
STREET ADDRESS	ONE MCILROY PLAZA, ST303
CITY-ST-ZIP	FAYETEVILLE AR
TITLE	ST
NAME	BALL, E. J.
STREET ADDRESS	ONE MCILROY PLAZA, ST303
CITY-ST-ZIP	FAYETEVILLE AR
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I the undersigned, 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 address.

SIGNATURE: ________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 Date
501-442-4013 Daytime Phone #

0490518 FN