

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S90077** (6)

1. Corporation Name
E-MIDSOUTH, INC.

Principal Place of Business

**11511 PHILLIPS HWY S
JACKSONVILLE FL 32256
US**

Mailing Address

**PO BOX 41628
JACKSONVILLE FL 32203-1628**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/25/1991

3a. Date of Last Report

02/22/1996

4. FEI Number

59-3108300

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

**JOHNSTON, BARBARA C
ONE INDEPENDENT DRIVE, SUITE 3000
JACKSONVILLE FL 32202**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BAIRD, JAMES J. JR.**
STREET ADDRESS **11511 PHILLIPS HWY S.**
CITY- ST- ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **KALISHMAN, JEROME**
STREET ADDRESS **18022 EDISON AVENUE**
CITY- ST- ZIP **CHESTERFIELD MO**

TITLE **DV** ☐ DELETE
NAME **AFFHOLDER, ROBERT W**
STREET ADDRESS **18022 EDISON AVENUE**
CITY- ST- ZIP **CHESTERFIELD MO**

TITLE **ST** ☐ DELETE
NAME **OLSON, JOSEPH F**
STREET ADDRESS **18022 EDISON AVENUE**
CITY- ST- ZIP **CHESTERFIELD MO**

TITLE **D** ☒ DELETE
NAME **MARINELLI, ORLANDO M.**
STREET ADDRESS **2100 N DIXIE HWY**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 incorporator 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

J. BAIRD, JR.

2/5/97

Date

904-262-5802

Daytime Phone #

CR2E034 (9/96)