

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90067 001 ***150.00

DOCUMENT # 845166

1. Entity Name
PURCHASE CORPORATION



Principal Place of Business
**4401 EAST ALOHA DRIVE
DIAMONDHEAD MS 39525
US**

Mailing Address
**4401 EAST ALOHA DRIVE
DIAMONDHEAD MS 39525
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0633303**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	JOFFE, CARL H	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-ST-ZIP	DIAMONDHEAD MS	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ALEXANDER, BILL	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-ST-ZIP	DIAMONDHEAD MS	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, ARTIS E	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-ST-ZIP	DIAMONDHEAD MS	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOWN, JOHN	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-ST-ZIP	DIAMONDHEAD MS	
TITLE	V	<input type="checkbox"/> Delete
NAME	HECTOR, HOLCOMB P.	
STREET ADDRESS	4401 EAST ALOHA DR	
CITY-ST-ZIP	DIAMONDHEAD MS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy G. Alexander, Vice President

January 9, 2003

Date

(228) 255-7773

Daytime Phone #