

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90035 014 ***150.00

DOCUMENT # P01000043250 ✓
1. Entry Name
MALONE IGA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5413 10TH STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 700
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MALONE FL.

City & State
MIDLAND CITY, AL.

Zip
32445 Country
JACKSON

Zip
36350 Country
HOUSTON

4. FEI Number
59-3713315

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CHARLES H. DOCKERY

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

City
BONIFAY FL Zip Code
32425

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT J. DON THOMPSON 2631 COUNTY ROAD 49 NORTH DOTHAN, AL. 36305</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY BELINDA L THOMPSON 2631 COUNTY ROAD 49, NORTH DOTHAN, AL. 36305</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Belinda Thompson 2-18-02 334-983-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)