

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sand B. Cornam
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 98 JUL -7 PM 2:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P27241

1. Corporation Name
 JERRY MORRISON CO INC

Principal Place of Business Mailing Address
 6168 Watermelon Road P O Box 20376
 Northport AL 35473 Tusacloosa AL 35402

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable SEE ABOVE
 3. New Mailing Office Address, If Applicable SEE ABOVE
 Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/12/1989
 5. FEI Number 63-0987583 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Morrison, Jerry M.	2235 Westminster Lane	Tuscaloosa
SD	Morrison, Jan L.	2235 Westminster Lane	Tuscaloosa
			600002585186--0 -07/10/98--01048--011 ****315.00 ****315.00
			600002585186--0 -07/10/98--01048--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent
 Horne, Kenneth C.
 5 South Polofox Street
 Pensacola FL 32501

9. Name and Address of New Registered Agent
 Name CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road
 Suite, Apt. #, Etc.
 City Plantation State FL Zip Code 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent Dale H. Morris Asst. Secy.
 Date June 23, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jan L. Morrison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Jan L MORRISON/ Secretary
 Date 6/12/98 Daytime Phone # (205)366-1136

CR2ED040 (1/98)