

1.) CORPORATION NAME: <b>Boyles, Moak &amp; Stone, Inc.</b>	DUE DATE: <b>5/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1708835</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>MS</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 315 NEWPOINTE DRIVE  CITY/ST/ZIP: RIDGELAND, MS 39157	
---	--

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JANSON D BOYLES TITLE: PRESIDENT ADDRESS: PO BOX 16069 CITY/ST/ZIP/CO: JACKSON, MS 39236	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LARRY L TAYLOR JR TITLE: VICE PRESIDENT ADDRESS: PO BOX 16069 CITY/ST/ZIP/CO: JACKSON, MS 39236	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES R FORD TITLE: TREASURER ADDRESS: PO BOX 16069 CITY/ST/ZIP/CO: JACKSON, MS 39236	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: E. SUSAN BARFIELD TITLE: SECRETARY ADDRESS: PO BOX 16069 CITY/ST/ZIP/CO: JACKSON, MS 39236	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JANSON D BOYLES	JANSON D BOYLES, PRESIDENT	5/9/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.