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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 216407

141

| ·  | SON INDUSTRIES OF GEOR   | RGIA, INC.  |   |   |  |                                     |
|--|--|---|---|---|--|-------------------------------------|
| Principal Place of Business  |  | Mailing Address   |   | r samint nordt tingen dittil Atblik Atblik  | tear aran aran arani aran                          | STON DIBLI 1991                     |
| 1035 IRIS DRIVE<br>CONYERS GA 30207<br>US  |  | P.O. BOX 131<br>CONYERS GE 30207<br>US  |   |   |  |                                     |
|  |  | ••  |   | <ol> <li>Date Incorporated or Qualified<br/>10/08/1962</li> </ol>                         | 3a. Date of Last 03/27/1                           |                                     |
| 2. Principal P   | lace of Business   | 2a. Mailing Address   |   | 4. FEI Number   |  | Applied For                         |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |   | 58-0869622  |  | Not Applicable                      |
| 22   |  | 27  |   | 5. Certificate of Status Desired  | 11 '   | Additional<br>Required              |
| City & Stat  | e  | City & State  |   | 6. Election Campaign Financing  |  | O May Be                            |
| <b>23</b>  | Country  | 28  |   | Trust Fund Contribution   | Adde   | d to Fees                           |
| 24]  | Country 25   | Ζιρ<br><b>29</b>  | Country<br>30   | 8. This corporation has liability for in  |  | 199.032,                            |
|  | 9. Name and Address of Curre   |   | 30  | Florida Statutes  10. Name and Address of New Re  | Yes No   |                                     |
|  |  |   | 81 Name   |   |  |                                     |
|  | RPORATION SYSTEM   |   | 82 Street Add   | dress (P.O. Box Number is Not Acceptable  | e)   |                                     |
|  | PINE ISLAND ROAD   |   |   |   |  |                                     |
| PLANIA   | TION FL 33324  |   | 83  |   |  |                                     |
|  |  |   | 84 City   |   | 85 Zip   | Code                                |
| 11 Dumana-1  | to the provisions of Sections 617 050  | 0 - 1017 1500 5 7   |   |   | FL S   |                                     |
| rursuant   | to the biggistoria of aections of 1,000  | 2 and 617.1508, Florida Statul  | tes, the above-named corno  | oration submits this statement for the nurr   | one of changing its -                              | anindarad affir-                    |
| or register<br>familiar wi   | red agent, or both, in the State of Flori<br>th, and accept the obligations of, Sec  | 2 and 617.1508, Florida Statul<br>ida. Such change was authoriz<br>ition 617.0503. Florida Statute: | tes, the above-named corpo<br>zed by the corporation's boa<br>s   | oration submits this statement for the purp<br>and of directors. I hereby accept the appo | oose of changing its re<br>intment as registered   | egistered office<br>agent. I am     |
| familiar wi  | red agent, or both, in the State of Flori<br>th, and accept the obligations of, Sec  | 2 and 617,1508, Florida Statul<br>ida. Such change was authoriz<br>tion 617,0503, Florida Statute:  | tes, the above-named corpo<br>zed by the corporation's boa<br>s.  | oration submits this statement for the purp<br>and of directors. I hereby accept the appo | pose of changing its re<br>introduct as registered | egistered office<br>agent. I am     |
| familiar wi  | ith, and accept the obligations of, Sec<br>Signature, typed or printed name of registered agon   | tion 617.0503, Florida Statute:<br>it and title if applicable. (N                                   | tes, the above named corporation's boasts. S.  OTE: Registered Agent signature require.   | red when reinstailing)  | DATE   | agent. I am                         |
| familiar wi<br>SIGNATURE<br>12.  | th, and accept the obligations of, Sec<br>Signature, typied or printed name of registered agen<br>OFFICERS AN  | ition 617.0503, Florida Statute:<br>it and fitte il applicable. (NI<br>ID DIRECTORS                 | OTE: Registered Agent signature require  13.  | ага от апестога. Глегеру ассерт тле арро  | DATE   | agent. I am                         |
| familiar wi<br>SIGNATURE<br>12.  | th, and accept the obligations of, Sec<br>Signature, typied or printed name of registered agen<br>OFFICERS AN  | tion 617.0503, Florida Statute:<br>it and title if applicable. (N                                   | OTE: Registered Agent signature require  13. 1.1 TITLE  | red when reinstailing)  | DATE   | agent. I am                         |
| familiar wi<br>SIGNATURE<br>12.<br>TITLE<br>MAME   | th, and accept the obligations of, Sec<br>Signature, typicd or printed name of registered agon<br>OFFICERS AN<br>PD<br>FREY,JOHN S   | ition 617.0503, Florida Statute:<br>it and fitte il applicable. (NI<br>ID DIRECTORS                 | S. OTE: Registered Agent signature require  13.  1.1 TITLE  12 NAME   | red when reinstailing)  | DATE CERS AND DIRECTO                              | RS IN 12                            |
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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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Dubia (

(2/37 583-406/

CR2E037 (12/95)