

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831195

1. Corporation Name

AFGD, Inc.

Principal Place of Business: 1600 Parkwood Circle, Suite 300, Atlanta, GA 30339, USA
Mailing Address: 1400 Lincoln Street, P.O. Box 929, Kingsport, TN 37662, USA

3. Date Incorporated or Qualified: 11/01/73
3a. Date of Last Report: 3/30/95

21. Principal Place of Business: [Blank]
22. Suite, Apt. #, etc: [Blank]
23. City & State: [Blank]
24. Zip: [Blank]
25. Country: [Blank]
26. Mailing Address: [Blank]
27. Suite, Apt. #, etc: [Blank]
28. City & State: [Blank]
29. Zip: [Blank]
30. Country: [Blank]

4. FEI Number: 58 1105 024
Applied For: [Blank]
Not Applicable: [Blank]
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] FL 85. Zip Code: [Blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (Type or print name of registered agent on this application) (Type or print name of registered agent on separate required worksheet if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V [] DELETE	1. TITLE	[] Change [] Addition
NAME	Brooks, James R.	2. NAME	[] Change [] Addition
STREET ADDRESS	1600 Parkwood Cir. Suite 300	3. STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP	Atlanta, GA 30339	4. CITY- ST- ZIP	[] Change [] Addition
TITLE	V [] DELETE	5. TITLE	[] Change [] Addition
NAME	Smith, R.E.	6. NAME	[] Change [] Addition
STREET ADDRESS	1600 Parkwood Cir. Suite 300	7. STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP	Atlanta, GA 30339	8. CITY- ST- ZIP	[] Change [] Addition
TITLE	P [] DELETE	9. TITLE	[] Change [] Addition
NAME	Kennedy, D. Roger	10. NAME	[] Change [] Addition
STREET ADDRESS	1600 Parkwood Cir. Suite 300	11. STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP	Atlanta, GA 30339	12. CITY- ST- ZIP	[] Change [] Addition
TITLE	D [] DELETE	13. TITLE	[] Change [] Addition
NAME	Bradford, James W. Jr.	14. NAME	[] Change [] Addition
STREET ADDRESS	1400 Lincoln St., Box 929	15. STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP	Kingsport, TN 37662	16. CITY- ST- ZIP	[] Change [] Addition
TITLE	D. [] DELETE	17. TITLE	[] Change [] Addition
NAME	Kramer, S.E.	18. NAME	[] Change [] Addition
STREET ADDRESS	1400 Lincoln St., Box 929	19. STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP	Kingsport, TN 37662	20. CITY- ST- ZIP	[] Change [] Addition
TITLE	V [] DELETE	21. TITLE	[] Change [] Addition
NAME	Dobie, Robert E.	22. NAME	[] Change [] Addition
STREET ADDRESS	1400 Lincoln St., Box 929	23. STREET ADDRESS	[] Change [] Addition
CITY- ST- ZIP	Kingsport, TN 37662	24. CITY- ST- ZIP	[] Change [] Addition

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Robert E. Dobie 4-2-96 (423) 2297243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)