

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831195 (3)

1. Corporation Name
AFGD, INC.



Principal Place of Business 1800 PARKWOOD CIR. SUITE 300 ATLANTIC GA 30339 US	Mailing Address 1400 LINCOLN ST. P.O. BOX 929 KINGSPORT TN 37682-0929
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 11/01/1973	3a. Date of Last Report 04/18/1996
4. FEI Number 58-1105024	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (MC) Registered Agent signature required when reinstating _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BROOKS, JAMES R.	
STREET ADDRESS	1600 PARKWOOD CIRCLE, SUITE 300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, R.E.	
STREET ADDRESS	1600 PARKWOOD CIRCLE, SUITE 300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KENNEDY, D. ROGER	
STREET ADDRESS	1600 PARKWOOD CIRCLE, SUITE 300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADFORD, J.W. J	
STREET ADDRESS	1400 LINCOLN STREET, P. O. BOX 929	
CITY-ST-ZIP	KINGSPORT TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, S.E.	
STREET ADDRESS	1400 LINCOLN ST., P. O. BOX 929	
CITY-ST-ZIP	KINGSPORT TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOBIE, ROBERT E.	
STREET ADDRESS	1400 LINCOLN ST., P. P. BOX 929	
CITY-ST-ZIP	KINGSPORT TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	KELSEY, MIKE J.
2.4 CITY-ST-ZIP	1600 PARKWOOD CR SUITE 300 ATLANTA, GA 30339
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* 11-21-97 00-551-2210

CR2E034 (9/96)