FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833463** **(3)**

1. Corporation Name
PHILLIPS & BROOKS/GLADWIN, INC.

Principal Place of Business	Mailing Address
1485 REDI RD. P.O. BOX 267 CUMMING GA 30130	1485 REDI RD. P.O. BOX 267 CUMMING GA 30130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/10/1974	02/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 58-0540078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	JARMAN, FRANKLIN M	12 NAME		
STREET ADDRESS	1485 REDI ROAD	13 STREET ADDRESS		
CITY ST ZIP	CUMMING GA	14 CITY ST ZIP		
TITLE	CFO	21 TITLE	CFO	☑ Change ☐ Addition
NAME	CALHOUN, JEFF	22 NAME	Freeman, Ronald B	
STREET ADDRESS	1485 REDI ROAD	23 STREET ADDRESS	1485 Redi Road	
CITY ST ZIP	CUMMING GA	24 CITY ST ZIP	Cumming, GA. 30130	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	MORTON, C. READ	32 NAME		
STREET ADDRESS	1360 PEACHTREE ST. #1900	33 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP		
TITLE	CD	41 TITLE		☑ Change ☐ Addition
NAME	PORTER, JOHN A.	42 NAME		
STREET ADDRESS	311 LIDO DR	43 STREET ADDRESS	1124 N. Lakeshore Drive	
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP	Sarasota, FL 34231	
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	MARGESON, JOHN D.	52 NAME		
STREET ADDRESS	1639 BEACH WALKER RD	53 STREET ADDRESS	4 Marshpoint, P.O. Box 806	
CITY ST ZIP	AMELIA ISLAND FL	54 CITY ST ZIP	Fernandina Beach, FL 32034	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: _____ 4/28/95 (904) 261-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ronald B. Freeman, CFO

030001 FP