

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 # 833534 (1)

1. Corporation Name

ROYAL OAK ENTERPRISES, INC.



Principal Place of Business

**900 ASHWOOD PARKWAY, SUITE 800
ATLANTA GA 30338**

Mailing Address

**900 ASHWOOD PARKWAY, SUITE 800
ATLANTA GA 30338**

3. Date Incorporated or Qualified
12/30/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

83-6004731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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 the state of Florida

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

KEETER, DAREN M.

STREET ADDRESS

1821 VERMACK COURT

CITY - ST - ZIP

DUNWOODY GA

☐ DELETE

TITLE

SVP

NAME

SPERRY, A.R.

STREET ADDRESS

4090 DORAL DRIVE

CITY - ST - ZIP

DORAVILLE GA

☐ DELETE

TITLE

EVP

NAME

ALLEN, JAMES E.

STREET ADDRESS

801 MITSY RIDGE DRIVE

CITY - ST - ZIP

MARIETTA GA

☐ DELETE

TITLE

T

NAME

CAREY, ROBERT G.

STREET ADDRESS

2702 CHIMNEY SPRINGS DRIVE

CITY - ST - ZIP

MARIETTA GA

☐ DELETE

TITLE

D

NAME

KEETER, JAMES P.

STREET ADDRESS

1130 HUNTCLIFF

CITY - ST - ZIP

ATLANTA GA

☐ DELETE

TITLE

V

NAME

HUDSON, KENT

STREET ADDRESS

644 8TH AVE., W.

CITY - ST - ZIP

DICKINSON, ND.

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

Robert G. Carey **ROBERT G. CAREY**

4/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)