

**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 # **F95000004813 (0)**

1. Corporation Name

**JOHNSON & HIGGINS OF GEORGIA, INC.**



Principal Place of Business

Mailing Address

191 PEACHTREE ST., N.E.  
ATLANTA GA 30303

191 PEACHTREE ST., N.E.  
ATLANTA GA 30303

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 filer) (Date)

(If the Registered Agent Signature requires a Notary Seal)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNIGES, JOHN E</b>	1.2 NAME	
STREET ADDRESS	<b>191 PEACHTREE ST., N.E.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTA GA 30303</b>	1.4 CITY- ST- ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, EARL L</b>	2.2 NAME	
STREET ADDRESS	<b>191 PEACHTREE ST., N.E.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTA GA 30303</b>	2.4 CITY- ST- ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JERRY O</b>	3.2 NAME	
STREET ADDRESS	<b>191 PEACHTREE ST., N.E.</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTA GA 30303</b>	3.4 CITY- ST- ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANDALEON, ALEC A</b>	4.2 NAME	
STREET ADDRESS	<b>125 BROAD ST.</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NEW YORK NY 10004</b>	4.4 CITY- ST- ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSEN, DAVID A</b>	5.2 NAME	
STREET ADDRESS	<b>125 BROAD ST.</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NEW YORK NY 10004</b>	5.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNDY, GARDNER M</b>	6.2 NAME	
STREET ADDRESS	<b>125 BROAD ST.</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NEW YORK NY 10004</b>	6.4 CITY- ST- ZIP	

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6/14/96

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: *X Vicki E. Rogers - Asst. Treas.* 5/20/96 404-586-8232

CR2E034 (12/95)