

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**

3. Date Incorporated or Qualified 10/05/1995	3a. Date of Last Report
4. FEI Number 58-0657301	Applied For 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 type="checkbox"/> No	

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

9. 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	85. Zip Code
				FL

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) (If the Registered Agent Signature requires a witness, state name)

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

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***225.00**

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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96 404-586-8232

CR2E034 (12/95)