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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004813 (0)  
1. Corporation Name  
JOHNSON & HIGGINS OF GEORGIA, INC.



Principal Place of Business: 191 PEACHTREE ST., N.E. ATLANTA GA 30303  
Mailing Address: 191 PEACHTREE ST., N.E. ATLANTA GA 30303-1740

3. Date Incorporated or Qualified: 10/05/1995  
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business: Jacksonville Fla  
2a. Mailing Address: Jacksonville Fla  
21. Suite, Apt. #, etc.: Suite 3575  
22. City & State: Jacksonville FL  
23. Zip: 32202-3028 Country: Duval  
24. 25. 29. 30.

4. FEI Number: 58-0657301  
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  
C T CORPORATION SYSTEM  
1200 SOUTH 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JENNIGES, JOHN E	
STREET ADDRESS	191 PEACHTREE ST., N.E.	
CITY- ST- ZIP	ATLANTA GA 30303	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, EARL L	
STREET ADDRESS	191 PEACHTREE ST., N.E.	
CITY- ST- ZIP	ATLANTA GA 30303	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, JERRY O	
STREET ADDRESS	191 PEACHTREE ST., N.E.	
CITY- ST- ZIP	ATLANTA GA 30303	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PANDALEON, ALEC A	
STREET ADDRESS	125 BROAD ST.	
CITY- ST- ZIP	NEW YORK NY 10004	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	OLSEN, DAVID A	
STREET ADDRESS	125 BROAD ST.	
CITY- ST- ZIP	NEW YORK NY 10004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNDY, GARDNER M	
STREET ADDRESS	125 BROAD ST.	
CITY- ST- ZIP	NEW YORK NY 10004	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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: Catherine Asym Ayers Assistant Vice Pres. 4/22/97 404-586-8232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)