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**Mar 19 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 # F96000000061 (9)

1. Corporation Name
W.C. CAYE & COMPANY, INC.



Principal Place of Business
**787 WINDSOR STREET
ATLANTA GA 30315**

Mailing Address
**787 WINDSOR STREET
ATLANTA GA 30315-1034**

3. Date Incorporated or Qualified **01/03/1996** 3a. Date of Last Report
4. FEI Number **58-0514220** 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

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. **P.O. Box 1507**
Suite, Apt. #, etc.

22. City & State

27. **Avy uska Ga**
City & State

23. Zip Country

28. **30903 USA**
Zip Country

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

[Handwritten Signature]

(NONE - Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C <input type="checkbox"/> DELETE
NAME	CAYE SR, CHARLES G
STREET ADDRESS	150 HAMPTON POINT DRIVE
CITY-STATE-ZIP	SAINT SIMONS ISLAND GA
TITLE	P <input type="checkbox"/> DELETE
NAME	CAYE JR, CHARLES G
STREET ADDRESS	PO BOX 223
CITY-STATE-ZIP	SILOAM GA
TITLE	V <input type="checkbox"/> DELETE
NAME	CRADDOCK JR, WM L
STREET ADDRESS	2072 SURRY LANE
CITY-STATE-ZIP	JONESBORO GA
TITLE	V <input type="checkbox"/> DELETE
NAME	CAYE, MORRIS G
STREET ADDRESS	1962 SPECTRUM CIRCLE #840
CITY-STATE-ZIP	MARIETTA GA
TITLE	VST <input checked="" type="checkbox"/> DELETE
NAME	BIBB, CHRISTOPHER P
STREET ADDRESS	686 KILLIAN HILL ROAD
CITY-STATE-ZIP	LILBURN GA
TITLE	V <input type="checkbox"/> DELETE
NAME	AVERA, ANDREW C
STREET ADDRESS	503 WHITTINGTON WAY
CITY-STATE-ZIP	PEACHTREE CITY GA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SECRETARY
5.3 STREET ADDRESS	Michael P. Lippi
5.4 CITY-STATE-ZIP	1492 Cambridge Common Decatur Ga 30033
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 contained 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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division File No.

0011875

CR2E034 (9/96)