

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED

95 MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M32364 (5)**
1. Corporation Name
COTTON STATES MARKETING RESOURCES, INC.

Principal Place of Business Mailing Address
244 PERIMETER CENTER PARKWAY, N.E. ATLANTA GA 30346

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/21/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2681997** 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. Suite Apt #, etc 26. Suite Apt # etc
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**KINMAN JR., JOSEPH F.
SHACLEFORD, FARRIOR, STALLINGS, & EVANS
501 E. KENNEDY BLVD., #1400
TAMPA FL 33602**

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 _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST. ZIP
CPD HOWARD, J. RIDLEY 1178 BROOKGATE WAY ATLANTA GA
VPC BARLOW, WILLIAM J. 610 RIDGEBROOK POINT ROSWELL GA 30075
VP CHAMBLEE, WENDY M. 3321 BIRCHWOOD TRACE SNELLVILLE GA
S COKER, CINDY S. 244 PERIMETER CENTER PKW ATLANTA GA
DT MEADER, GARY W. 244 PERIMETER CENTER PKW ATLANTA GA
D FINCHER, ROBERT L. 244 PERIMETER CENTER PKW ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY ST. ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY ST. ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY ST. ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY ST. ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: *William J. Barlow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (404) 391-8827