

1-15-97 B-0182-C

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Jan 15 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 # P06653 (0)  
1. Corporation Name  
MERCHANDISING EQUIPMENT, INC.



Principal Place of Business  
820 FAIRBURN ROAD, S.W.  
ATLANTA GA 30331

Mailing Address  
820 FAIRBURN ROAD, S.W.  
ATLANTA GA 30331-2007

3. Date Incorporated or Qualified: 07/03/1985  
3a. Date of Last Report: 02/06/1996  
4. FEI Number: 58-0662431  
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  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. 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  
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 type as prepared name of officer or director, if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P D
NAME	GRANT, LAWTON K.	1.2 NAME	
STREET ADDRESS	210 STRANDHILL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TYRONE GA	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	
NAME	GRANT, ROBERT C	2.2 NAME	
STREET ADDRESS	396 SULLIVAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWNAN GA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	V D
NAME	GRANT, LAWTON E	3.2 NAME	
STREET ADDRESS	820 FAIRBURN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	GRANT, LAWTON K	4.2 NAME	
STREET ADDRESS	210 STRANDHILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TYRONE GA	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	V
NAME	GRANT, ROBERT C	5.2 NAME	Ralph T. Smith, Jr.
STREET ADDRESS	396 SULLIVAN ROAD	5.3 STREET ADDRESS	166 Rock Garden Terrace
CITY-ST-ZIP	NEWNAN GA	5.4 CITY-ST-ZIP	Marietta, GA 30064
TITLE		6.1 TITLE	S
NAME		6.2 NAME	Sherman, Helen
STREET ADDRESS		6.3 STREET ADDRESS	937 Forest Pointe Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jonesboro, GA 30236

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: \_\_\_\_\_ PRES. 1/07/97 (404) 696-2466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)