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Jan 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 # P29291 (2)
1. Corporation Name
ASBESTOS FREE, INC.

Principal Place of Business: 1111 ALDERMAN DR., SUITE 435 ALPHARETTA GA 30202-4143
Mailing Address: 1111 ALDERMAN DR., SUITE 435 ALPHARETTA GA 30202-4143



2. Principal Place of Business 21 1879 MCFARLAND RD. Suite, Apt. #, etc.		2a. Mailing Address 26 1879 MCFARLAND RD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/09/1990		3a. Date of Last Report 02/26/1996	
22 City & State 23 ALPHARETTA GA		27 City & State 28 ALPHARETTA GA		4. FEI Number 58-1787927		Applied For Not Applicable	
24 Zip 30202		25 Country USA		29 Zip 30202		30 Country USA	
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 checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent SIMMONS, RONALD L. 475 MONITOR ST MERRITT ISLAND FL 32952				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 of officer or president, name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JONES, R. JACK 287 MACKINAC HOLLOW LAWRENCEVILLE GA	1.1 TITLE	P SIMMONS, RONALD L. 475 MONITOR ST. MERRITT ISLAND, FL 32952
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD WELCH, SANDRA O. 285 CLIPPER BAY DRIVE ALPHARETTA GA	2.1 TITLE	S GIBSON, NANCY 7415 FIELDS DRIVE CUMMING, GA 30131
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D WELCH, FENDALL E. 285 CLIPPER BAY DRIVE ALPHARETTA GA	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S GIBSON, NANCY 3736 JESICA TRACE KENNESAW GA	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: _____ DATE: 1/18/97 DAYTIME PHONE: 770-442-5823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)