

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29937 (0)**  
 1. Corporation Name  
**ATLANTA PROVISION COMPANY, INC.**



Principal Place of Business <b>1400 WEST MARIETTA STREET, N.W. ATLANTA GA 30318</b>	Mailing Address <b>1400 WEST MARIETTA STREET, N.W. ATLANTA GA 30318</b>
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<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt #, etc	<b>26</b> Suite, Apt #, etc
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3</b> Date Incorporated or Qualified <b>06/26/1990</b>	<b>3a</b> Date of Last Report <b>01/26/1995</b>
<b>4</b> FEI Number <b>58-0901077</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_  
Signature typed in proper column for officer or director or registered agent and title appropriate. (P. 111) Registered Agents' signature required when reappointing. (P. 112)

12. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1"> <tr> <td>PD COGGINS, MIKE 1400 W. MARIETTA ST., NW ATLANTA GA</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>VP HUNTSINGER, MICHAEL H 1400 W. MARIETTA ST., NW ATLANTA GA</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>SD FISHER, RICHARD Y. 111 E. WISCONSIN AVE. MILWAUKEE WI</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>VCFO ZEMAN, ROBERT J 1400 W. MARIETTA ST., NW ATLANTA GA</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>S MISWALD, SCOTT 111 E WISCONSIN MILWAUKEE WI</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>VP HARR, BARRY 1400 W MARIETTA ST ATLANTA GA</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> </table>	PD COGGINS, MIKE 1400 W. MARIETTA ST., NW ATLANTA GA	<input type="checkbox"/> DELETE	VP HUNTSINGER, MICHAEL H 1400 W. MARIETTA ST., NW ATLANTA GA	<input checked="" type="checkbox"/> DELETE	SD FISHER, RICHARD Y. 111 E. WISCONSIN AVE. MILWAUKEE WI	<input checked="" type="checkbox"/> DELETE	VCFO ZEMAN, ROBERT J 1400 W. MARIETTA ST., NW ATLANTA GA	<input type="checkbox"/> DELETE	S MISWALD, SCOTT 111 E WISCONSIN MILWAUKEE WI	<input type="checkbox"/> DELETE	VP HARR, BARRY 1400 W MARIETTA ST ATLANTA GA	<input checked="" type="checkbox"/> DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12															
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**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information made available 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**  **7/1/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)