

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
 1996



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

DOCUMENT # **P30490** (7)
 1. Corporation Name
THE BARRINGTON CORPORATION OF GEORGIA



Principal Place of Business Mailing Address
1600 CANDLER BUILDING **1600 CANDLER BUILDING**
127 PEACHTREE ST., N.E. **127 PEACHTREE ST., N.E.**
ATLANTA GA 30303-8845 **ATLANTA GA 30303-8845**

3. Date Incorporated or Qualified **07/30/1990** 3a. Date of Last Report **01/25/1995**
 4. FEI Number **58-1884148** 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 24 **30303-1845** 25 Country 29 **30303-1845** 30 Country

9. Name and Address of Current Registered Agent
TERRY, WILLIAM J.
101 EAST KENNEDY BLVD.
SUITE 2560
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 _____ (Signature of Registered Agent) _____ (Signature of Agent) _____ (Signature of Director)
 DATE _____

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME **RD SCHREEDER, CHARLES L.**
 STREET ADDRESS **127 PEACHTREE ST. NE #1600**
 CITY - ST - ZIP **ATLANTA GA**
 TITLE DELETE
 NAME **VD FLINT, DAVID H.**
 STREET ADDRESS **127 PEACHTREE ST. NE #1600**
 CITY - ST - ZIP **ATLANTA GA**
 TITLE DELETE
 NAME **SD WHEELER, WARREN O.**
 STREET ADDRESS **127 PEACHTREE ST. NE #1600**
 CITY - ST - ZIP **ATLANTA GA**
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 NAME **PD WARREN O. WHEELER**
 1.2 STREET ADDRESS **1600 CANDLER BUILDING**
 1.3 CITY - ST - ZIP **ATLANTA, GA 30303-1845**
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP
 3.1 TITLE Change Addition
 3.2 NAME **5 BRENDA K. DANIELS**
 3.3 STREET ADDRESS **1600 CANDLER BUILDING**
 3.4 CITY - ST - ZIP **ATLANTA, GA. 30303-1845**
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/1/96 404-681-3450

CR2E034 (3/96)