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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Withman  
Secretary of State  
Tallahassee, Florida 32399-0001

DOCUMENT # **P38577** (3)

LINENS BY BIBB, INC.

Principal Office Address: 237 COLISEUM DRIVE, MACON GA 31208  
 Mailing Address: 237 COLISEUM DRIVE, MACON GA 31208

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Conversion: <b>04/29/1992</b>		3a. Date of Last Report: <b>05/01/1994</b>	
2. Principal Office City and State: <b>21</b> Macon GA	2b. Mailing City and State: <b>26</b> Macon GA	4. FEI Number: <b>13-3348029</b>	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
22. State Agent # 1st: <b>27</b>	27. State Agent # 2nd: <b>27</b>	5. Certificate of Status Current: <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State: <b>28</b> Macon GA	28. City & State: <b>28</b> Macon GA	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip: <b>25</b> 31208	29. County: <b>30</b> Wilcox	8. This corporation has liability for franchise tax under § 199.032 Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
B1 Name:	B2 Street Address (P.O. Box Number is Not Acceptable):	B3:	B4 City:
			<b>FL</b> B5 Zip Code:

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8) Florida Statutes, this 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 607.01(5) Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. SEE ATTACHED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
1. NAME: <b>D DAVIS, EDGAR E.</b> 2. STREET ADDRESS: <b>237 COLISEUM DR. MACON GA</b> 3. CITY: <b>MACON</b>	4. TITLE:	5. NAME: <b>Delete Edgna DAVIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: <b>D DAVIS, ALAN V.</b> 7. STREET ADDRESS: <b>237 COLISEUM DRIVE MACON GA</b> 8. CITY: <b>MACON</b>	9. TITLE:	10. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME: <b>D FOLEY, GIFFORD P.</b> 12. STREET ADDRESS: <b>715 RIOMAR DRIVE VERO BEACH FL</b> 13. CITY: <b>VERO BEACH</b>	14. TITLE:	15. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME: <b>D HANDY, F. PHILIP</b> 17. STREET ADDRESS: <b>200 E NEW ENGLAND AVE WINTER PARK FL</b> 18. CITY: <b>WINTER PARK</b>	19. TITLE:	20. NAME: <b>Handy, F. Philip</b> 21. STREET ADDRESS: <b>P.O. Box 3010 WINTER PARK, FL 32789</b> 22. CITY: <b>WINTER PARK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME: <b>D WINOKUR, BARTON J.</b> 24. STREET ADDRESS: <b>1500 MARKET STREET PHILADELPHIA PA</b> 25. CITY: <b>PHILADELPHIA</b>	26. TITLE:	27. NAME: <b>Winokur, BARTON J.</b> 28. STREET ADDRESS: <b>1717 Arch Street Philadelphia, PA 19103</b> 29. CITY: <b>Philadelphia</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME: <b>VS BELK, LOWELL W.</b> 31. STREET ADDRESS: <b>237 COLISEUM DRIVE MACON GA</b> 32. CITY: <b>MACON</b>	33. TITLE:	34. NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.03(2) 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. That I am an officer or director of the corporation or the person or persons empowered to make this report as required by Chapter 607 Florida Statutes, and that my name appears in the filing of this report as required by Section 607.01(5) Florida Statutes.

SIGNATURE: *Frank X. Sheehan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FRANK X SHEEHAN**

*A/28/95*

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ADDITIONS

NAME	SS#	TITLE	ADDRESS
Thomas C. Foley	360-38-3080	President, Chairman of the Board, Chief Executive Officer, & Director	3 Pickwick Plaza, Suite 200 Greenwich, CT 06830
A. William Ott	210-46-5343	Vice President - Controller, Vice President of Finance	237 Coliseum Drive Macon, Georgia 31201
Frank X. Sheehan	259-70-1021	Vice President - Industrial Relations	237 Coliseum Drive Macon, Georgia 31201
Robert E. Bridgeman	260-58-4393	Assistant Secretary	237 Coliseum Drive Macon, Georgia 31201