

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

pg 182

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38577** (3)

1. Corporation Name
LINENS BY BIBB, INC.



Principal Place of Business Mailing Address
237 COLISEUM DRIVE MACON GA 31208

3. Date incorporated or Qualified **04/29/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **13-3348029** 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 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ALAN V.	1.2 NAME	
STREET ADDRESS	237 COLISEUM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, GIFFORD P.	2.2 NAME	
STREET ADDRESS	715 RIOMAR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, THOMAS C.	3.2 NAME	
STREET ADDRESS	3 PICKWICK PLAZA, STE 200	3.3 STREET ADDRESS	62 Khakum Wood Road
CITY-ST-ZIP	GREENWICH CT	3.4 CITY-ST-ZIP	Greenwich, CT 06831
TITLE	VPCF <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTT, A.WILLIAM	4.2 NAME	
STREET ADDRESS	237 COLISEUM DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, FRANK X.	5.2 NAME	
STREET ADDRESS	237 COLISEUM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	5.4 CITY-ST-ZIP	
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Robert E. Bridgeman
STREET ADDRESS		6.3 STREET ADDRESS	237 Coliseum Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MACON, GA 31201

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or in an amendment with an address.

SIGNATURE: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/96**
Daytime Phone #

CR2E034 (12/95)

Py 282

THE BIBB COMPANY
OFFICERS & DIRECTORS

NAME	SS#	TITLE	ADDRESS
Thomas C. Foley	360-38-3080	President, Chairman of the Board, Chief Executive Officer, & Director	62 Khakum Wood Road Greenwich, CT 06831
A. William Ott	210-46-5343	Chief Financial Officer 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
Alan V. Davis	253-90-5213	Director	116 Cedar Spring Point Road Milledgeville, Georgia 31061
Gifford P. Foley	059-01-3714	Director	3 Pickwick Plaza, Suite 200 Greenwich, CT 06830
Barton J. Winokur	186-32-0084	Director	1717 Arch Street 4000 Bell Atlantic Tower Philadelphia, PA 19103