

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 3:43

DOCUMENT # 351448 (6)

1. Corporation Name
DI-BON, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
2805 LAKERIDGE CIRCLE ROME GA 30165-1126

3. Date Incorporated or Qualified **08/28/1969** 3a. Date of Last Report **05/01/1994**

3349 AL. HWY 46 ALBION DRIVE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1275135	Applied For <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State Rome GA	City & State Rome GA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 30165	Country Floyd	7. 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 HINELY, W H 515 W. CENTRAL BLVD. ORLANDO FL 32802		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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DOEGG, DONALD E.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2805 LAKERIDGE CIRCLE	CITY - ST - ZIP ROME, GA 30161	1.2 NAME	
		1.3 STREET ADDRESS 46 ALBION DRIVE S.W.	
		1.4 CITY - ST - ZIP Rome, GA. 30165	
TITLE VPD	NAME DOEGG, DONALD KIETH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 112 GRAY ROCK DRIVE	CITY - ST - ZIP ROME, GA 30161	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE SD	NAME DOEGG, BONNIE J.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2805 LAKERIDGE CIRLCE	CITY - ST - ZIP ROME, GA 30161	3.2 NAME	
		3.3 STREET ADDRESS 46 ALBION DRIVE S.W.	
		3.4 CITY - ST - ZIP Rome, GA. 30165	
TITLE TD	NAME DOEGG, GARY L.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 608 SOUTH AVE	CITY - ST - ZIP ROME, GA 30161	4.2 NAME	
		4.3 STREET ADDRESS 2605 LAKERIDGE CIRCLE	
		4.4 CITY - ST - ZIP Rome, GA. 30165	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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 110.07(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 on an addition, with an address.

SIGNATURE: Bonnie J. Doegg 4/6/95 (706) 234-9524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER