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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)**DOCUMENT #** 389146 MCMULLAN INVESTMENT COMPANY Mailing Address Principal Place of Business 1355 PEACHTREE ST. NW., SUITE 820 1355 PEACHTREE ST. NW., SUITE 820 ATLANTA GA 30309 ATLANTA GA 30309 3. Date incorporated or Qualified 3a. Date of Last Report 03/17/1995 09/30/1971 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1381165 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Z_{ip} Country Zip Yes 🗶 No Florida Statutes 30 29 25 Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Name MCMULLAN, JOHN F Street Address (P.O. Box Number is Not Acceptable) 82 4986 SEA WATCH DRIVE AMELIA ISLAND FL 32034 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DAGE (NOTE: Requirered Agent signature required when reinstating) SIGNATURE Signature, type dust prostud non-é of registered agost and tile it applicable. (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OF FICERS AND DIRECTORS Addition 12. DELETE 1.1 (1) (**OT9** TITLE 1.2 NAME MCMULLAN, JOHN F NAME 1.3 STREET ADDRESS 4986 SEA WATCH DRIVE STREET ADDRESS 1.4 CITY - ST - ZIE AMELIA ISLAND FL 32034 CITY-ST-20P Change Addition DELETE 21 TiTLE TITLE MCMULLAN, MARILYN NAME 2 3 STREET ADDRESS 4986 SEA WATCH DRIVE STREET ADDRESS 2 4 CITY - ST-7IP AMELIA ISLAND FL 32034 Change Addition CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP [[] Change [_] Addition CITY-ST-ZIP DELETE 4.1 THE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELFTE 5 1 TIFLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - \$1 - ZIP Change Addition City-St-ZIP DELETE 61TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. If do hereby certify that the information supplied with this filing is voluntarily turnished 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address 64 CITY-ST-ZIP

SIGNATURE: SUNATURE NID TYPED OR PRIMED IN

REMAID TYPED OR PRIMITED NAME OF GIGNING OF DEED OR DIVICTOR

6/22/96 423-339-5022