FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
. 1995

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

APPROVED
FILED

DOCUMENT # 390782 (1)

1. Corporate Name
SIVAD INCORPORATED

Principal Place of Business
2631 BUFORD HWY. NE
P O BOX 14347
ATLANTA GA 30324

Mailing Address
2631 BUFORD HWY. NE
P O BOX 14347
ATLANTA GA 30324

DO NOT WRITE IN THIS SPACE

3. Date In Operation (if applies) 11/02/1971
3a. Date of Last Report 05/01/1994

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28

4. FEI Number 59-1397923
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

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JOHN R	12 NAME	
STREET ADDRESS	ROUTE 2 BOX 288A	13 STREET ADDRESS	
CITY-ST-ZIP	MCDONOUGH GA	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	CARROLL, HATTIE	22 NAME	
STREET ADDRESS	410 GOLF VIEW	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	
TITLE	VPT	31 TITLE	☐ Change ☐ Addition
NAME	MOODY, AARON	32 NAME	
STREET ADDRESS	1251 PARTRIDGE WAY	33 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	DAVIS, LISA	42 NAME	
STREET ADDRESS	8175 MAGNOLIA DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: Lisa O Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95
Date

404-530-1800
Daytime Phone #

0300012 FP