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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:42

DOCUMENT # **528698** **(4)**

1. Corporation Name
BILLINGS & ETZEL ASSOCIATES INCORPORATED

Principal Place of Business	Mailing Address
% MYRON M. BEHRMAN 10295 COLLINS AVE 1207 BAL HARBOUR FL 33154	% MYRON M. BEHRMAN 10295 COLLINS AVE 1207 BAL HARBOUR FL 33154

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1977
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 c/o W. T. Etzel, Jr
22 Suite, Apt. #, etc.: 295 Carybell Lane
23 City & State: Alpharetta, GA 30201
24 Zip: 30201
25 Country: Fulton

2a. Mailing Address
26 c/o W. T. Etzel, Jr.
27 Suite, Apt. #, etc.: 295 Carybell Lane
28 City & State: Alpharetta, GA 30201
29 Zip: 30201
30 Country: Fulton

4. FEI Number: 59-1728256 ☐ 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

9. Name and Address of Current Registered Agent

BEHRMAN, MYRON M.
10295 COLLINS AVE, #1207
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

81 Name: James E. Clayton
82 Street Address (P.O. Box Number is Not Acceptable): 111 SE First Avenue
83
84 City: Gainesville **FL** 85 Zip Code: 32601

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] April 3, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ETZEL JR, W THEODORE	1.2 NAME	
STREET ADDRESS	295 CARYBELL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: W. Theodore Etzel, Jr. 3-27-95 (404)564-4463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W. Theodore Etzel, Jr.

0163434 CP