

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **568858 (5)**
1. Corporation Name
SPACEWALL, INC.



Principal Place of Business Mailing Address
4509 STONE GATE INDUSTRIAL BLVD
PO BOX 659
STONE MNT GA 30086

3. Date Incorporated or Qualified **04/18/1978** 3a. Date of Last Report **04/04/1995**
4. FEI Number **59-1819412** 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 **Blvd** 2a. Mailing Address
21 **4509 Stonegate Ind. A** 26 Suite, Apt. #, etc.
22 City & State **Stone Mountain, GA** 27 City & State
23 **30083** 28 Zip Country **USA** 29 Zip Country
24 **30083** 25 **USA** 29 Zip Country

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 607.0502 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE **P** ☐ DELETE
NAME **JOHNSON, HUEY L.**
STREET ADDRESS **9300 CHANDLER BLUFF**
CITY-ST-ZIP **ALPHARETTA GA**
TITLE **S** ☐ DELETE
NAME **COOK, J T**
STREET ADDRESS **4509 STONEGATE IND BLVD**
CITY-ST-ZIP **STONE MOUNTAIN GA**
TITLE **AS** ☐ DELETE
NAME **JONES, DONNA**
STREET ADDRESS **4509 STONEGATE IND BLVD**
CITY-ST-ZIP **STONE MOUNTAIN GA**
TITLE **Vice President** ☐ DELETE
NAME **Marianne H. Johnson**
STREET ADDRESS **9300 Chandler Bluff**
CITY-ST-ZIP **Alpharetta, GA 30201**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **30201 = zip**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 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 if changed, or on an attachment with an address.

SIGNATURE: **James T. Cook** **2/6/96** **404/294-9564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year Phone #

CR2E034 (12/95)