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 FEB 14 PM 12:21

DOCUMENT # 817206 (6)

1. Corporation Name
ERICKSON'S INC

Principal Place of Business	Mailing Address
1711 PRICE STREET P.O. BOX 22519 SAVANNAH GEORGIA 31403	1711 PRICE STREET P.O. BOX 22519 SAVANNAH GEORGIA 31403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1963
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
State, Apt. #, etc. (22)	State, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 58-0653104 ☐ 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

CLERK OF THE CIRCUIT COURT
ORANGE COUNTY COURT HOUSE
ORLANDO FL

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 (For new registered office address and/or new registered agent) (NOTE: Registered Agent's signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ERICKSON, T W	12 NAME	
STREET ADDRESS	1711 PRICE ST	13 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA~~00000~~ 31401	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ERICKSON, M.M.	22 NAME	
STREET ADDRESS	1711 PRICE STREET	23 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31401	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	RALSTON,W C JR	32 NAME	
STREET ADDRESS	1711 PRICE ST	33 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA~~00000~~ 31401	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	AKINS, C.H.	42 NAME	
STREET ADDRESS	1711 PRICE ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31401	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LYNN, C R	52 NAME	
STREET ADDRESS	1711 PRICE ST	53 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA 31401	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	SHAW, A T	62 NAME	Waters, D. L.
STREET ADDRESS	1711 PRICE STREET	63 STREET ADDRESS	1711 Price Street
CITY-ST-ZIP	SAVANNAH, GA 31401	64 CITY-ST-ZIP	Savannah, GA 31401

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: Charlotte H. Akins Secretary/Treasurer — 2/9/95 — 912 236-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486000 FN