

2-13-97 B-1837 NC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 817206 (6)  
1. Corporation Name  
ERICKSON'S INC



Principal Place of Business 1711 PRICE STREET P.O. BOX 22519 SAVANNAH GEORGIA 31403	Mailing Address 1711 PRICE STREET P.O. BOX 22519 SAVANNAH GEORGIA 31403-2519
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3. Date Incorporated or Qualified 07/15/1963	3a. Date of Last Report 02/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLERK OF THE CIRCUIT COURT  
ORANGE COUNTY COURT HOUSE  
ORLANDO FL

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME ERICKSON, T W STREET ADDRESS 1711 PRICE ST CITY-ST-ZIP SAVANNAH, GA 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE D NAME ERICKSON, M.M. STREET ADDRESS 1711 PRICE STREET CITY-ST-ZIP SAVANNAH GA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE VD NAME RALSTON, W C JR STREET ADDRESS 1711 PRICE ST CITY-ST-ZIP SAVANNAH, GA 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ST NAME AKINS, C.H. STREET ADDRESS 1711 PRICE ST. CITY-ST-ZIP SAVANNAH GA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE D NAME LYNN, C R STREET ADDRESS 1711 PRICE ST CITY-ST-ZIP SAVANNAH GA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE D NAME WATERS, D. L. STREET ADDRESS 1711 PRICE STREET CITY-ST-ZIP SAVANNAH GA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

Charlotte H. Akins  
Secretary/Treasurer

02/07/97 812-236-5701

CR2E034 (9/96)