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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **824178** **(8)**

1. Corporation Name
COLUMBUS COLONIES INC

Principal Place of Business	Mailing Address
857 PEACHTREE DR. P.O. BOX 161 COLUMBUS GA 31902	857 PEACHTREE DR. P.O. BOX 161 COLUMBUS GA 31902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1970
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 58-1283574 ☐ 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

LINES, WILLIAM
121 N. MADISON
QUINCY FL 32351

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change ☐ Addition	
NAME	HUMES, CORAL C	12 NAME	Carol C. Humes	
STREET ADDRESS	3001 MEADOWVIEW DR	13 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	☒ Change ☐ Addition	
NAME	PURVIS, BEN, T	22 NAME		
STREET ADDRESS	2525 NORRIS RD #107	23 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, GA 00000	24 CITY-ST-ZIP	Columbus, GA 31907	
TITLE	D	31 TITLE	☒ Change ☐ Addition	
NAME	SPETTEL, NELL T.	32 NAME		
STREET ADDRESS	815 COOPER AVE	33 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	34 CITY-ST-ZIP	Columbus, GA 31906	
TITLE	D	41 TITLE	☒ Change ☐ Addition	
NAME	SMITH, LOUISA, C	42 NAME		
STREET ADDRESS	949 PEACHTREE DR	43 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA	44 CITY-ST-ZIP	Columbus, GA 31906	
TITLE	TD	51 TITLE	☒ Change ☐ Addition	
NAME	STAPLES, CHARLES T.	52 NAME		
STREET ADDRESS	857 PEACHTREE DR	53 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, GA 00000	54 CITY-ST-ZIP	Columbus, GA 31906	
TITLE	SD	61 TITLE	☒ Change ☐ Addition	
NAME	JONES, BETTY	62 NAME		
STREET ADDRESS	ROUTE 3 BOX 573	63 STREET ADDRESS		
CITY-ST-ZIP	PHENIX CITY AL	64 CITY-ST-ZIP	Phenix City, AL 36867	

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: CHARLES T. STAPLES, TRUMS 4-10-95 706-324-0241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400146 FP