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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

857 PEACHTREE DR.
P.O. BOX 161
COLUMBUS GA 31902

Mailing Address

857 PEACHTREE DR.
P.O. BOX 161
COLUMBUS GA 31902-0161



3. Date Incorporated or Qualified

03/02/1970

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LINES, WILLIAM
121 N. MADISON
QUINCY FL 32351

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

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 ☐ DELETE

NAME
D HUMES, CAROL C
STREET ADDRESS
3001 MEADOWVIEW DR
CITY-ST-ZIP
COLUMBUS GA

TITLE ☐ DELETE

NAME
PD PURVIS, BEN, T
STREET ADDRESS
2525 NORRIS RD #107
CITY-ST-ZIP
COLUMBUS GA

TITLE ☐ DELETE

NAME
D SPETTEL, NELL T.
STREET ADDRESS
815 COOPER AVE
CITY-ST-ZIP
COLUMBUS GA

TITLE ☐ DELETE

NAME
SD SMITH, LOUISA, C
STREET ADDRESS
949 PEACHTREE DR
CITY-ST-ZIP
COLUMBUS GA

TITLE ☐ DELETE

NAME
TD STAPLES, CHARLES T.
STREET ADDRESS
857 PEACHTREE DR
CITY-ST-ZIP
COLUMBUS GA

TITLE ☐ DELETE

NAME
D JONES, BETTY
STREET ADDRESS
ROUTE 3 BOX 573
CITY-ST-ZIP
PHENIX CITY AL

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES T. STAPLES

4-14-97 (706)324-0201

Date

Delegated Phone #

0013686

CR2E034 (9/96)