

**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 # 824584 (7)**

1. Corporation Name  
**GAY & TAYLOR, INC.**



Principal Place of Business Mailing Address  
**SIX CONCOURSE PKWY SUITE 2000 ATLANTA GA 30328**

3. Date Incorporated or Qualified **05/25/1970** 3a. Date of Last Report **06/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>56-0692231</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>B1</b>	Name
<b>B2</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>	
<b>B4</b>	City
<b>FL</b>	<b>B5</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT/CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAKKER, G.A.C.</b>	1.2 NAME	<b>JEFFREY S. WARD</b>
STREET ADDRESS	<b>548 PINE VALLEY DRIVE SE</b>	1.3 STREET ADDRESS	<b>610 W. ASH ST, SUITE 1500</b>
CITY-ST-ZIP	<b>MARIETTA GA</b>	1.4 CITY-ST-ZIP	<b>SAN DIEGO CA 92101-3349</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIPPY, JAMES P</b>	2.2 NAME	<b>GARRY BLACKWELL</b>
STREET ADDRESS	<b>3455 RIVER FERRY ROAD</b>	2.3 STREET ADDRESS	<b>SIX CONCOURSE PKWY SUITE 2000</b>
CITY-ST-ZIP	<b>ALPHARETTA GA</b>	2.4 CITY-ST-ZIP	<b>ATL. GA. 30328</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUPREE, JOSEPH E. J</b>	3.2 NAME	<b>JOHN CLINTON</b>
STREET ADDRESS	<b>10670 DUNOON DRIVE</b>	3.3 STREET ADDRESS	<b>CONNOR &amp; CO. CITYPLACE II</b>
CITY-ST-ZIP	<b>ALPHARETTA GA</b>	3.4 CITY-ST-ZIP	<b>HARTFORD CONNECTICUT 06103</b>
TITLE	<b>EVP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TIM MORRIS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRAY, RICHARD E</b>	4.2 NAME	<b>GAN NORTH AMERICA 120 WALL ST.</b>
STREET ADDRESS	<b>3346 TRAIL'S END ROAD</b>	4.3 STREET ADDRESS	<b>NY, NY 10005</b>
CITY-ST-ZIP	<b>ROSWELL GA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLEMAN, VIRGIL A.</b>	5.2 NAME	<b>GIORGIO VECCHIO</b>
STREET ADDRESS	<b>7373 WATERS EDGE DRIVE</b>	5.3 STREET ADDRESS	<b>CONNOR &amp; COMPANY CITYPLACE II</b>
CITY-ST-ZIP	<b>STONE MOUNTAIN GA</b>	5.4 CITY-ST-ZIP	<b>HARTFORD, CONNECTICUT 06103</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALLACE, RICHARD C</b>	6.2 NAME	
STREET ADDRESS	<b>3969 ALLENHURST DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORCROSS GA</b>	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)