

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 825900 (4)

1. Corporation Name

FSC ADVISORY CORPORATION



Principal Place of Business

Mailing Address

2300 WINDY RIDGE PARKWAY
SUITE 1100
ATLANTA GA 30339
US

2300 WINDY RIDGE PARKWAY
SUITE 1100
ATLANTA GA 30339
US

3. Date Incorporated or Qualified
03/16/1971

3a. Date of Last Report
05/01/1995

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

29

4. FEI Number
58-1095747

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

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME HUTCHINS, THOMAS W.
STREET ADDRESS 86 GATEWOOD DR.
CITY-ST-ZIP MARIETTA GA ☒ DELETE

TITLE TD
NAME KANE, BARRY F.
STREET ADDRESS 4481 JETT RD. NW
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE VP
NAME YOUNG, RICHARD
STREET ADDRESS 669 DURANT PLACE N. E., APT 4
CITY-ST-ZIP ATLANTA GA ☒ DELETE

TITLE D
NAME WISNER, JAMES E.
STREET ADDRESS 1339 BEECHWOOD HILLS COURT
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE V
NAME ZELLMANN, LAVERNE M.
STREET ADDRESS 3700 NORTHLAKE DRIVE
CITY-ST-ZIP DORAVILLE GA ☐ DELETE

TITLE AT
NAME MONTALVO, LAREE H
STREET ADDRESS 4269 HAMBRICK WAY
CITY-ST-ZIP STONE MOUNTAIN GA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE SV
32 NAME Wells, Thomas M.
33 STREET ADDRESS 850 POWERS LAKE DRIVE
34 CITY-ST-ZIP ATLANTA, GA 30327 ☒ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS M. WELLS Thomas M. Wells 7/18/96

775-966500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)