

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 # 827173 (6)

1. Corporation Name

ABRAMS CONSTRUCTION, INC.

Principal Place of Business

5775-A GLENRIDGE DR.
ATLANTA GA 30328
US

Mailing Address

P.O. BOX 76600
ATLANTA GA 30358
US



3. Date Incorporated or Qualified
12/09/1971

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number

58-1093980

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

(Date - Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S
STOCK, T.F.
STREET ADDRESS 5775-A GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA, GA 0

TITLE ☐ DELETE

NAME D
ABRAMS, E M
STREET ADDRESS 5775-A GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA, GA 0

TITLE ☒ DELETE

NAME D
ABRAMS, B W
STREET ADDRESS 5775-A GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA, GA 0

TITLE ☐ DELETE

NAME PD
RUBIN, J. H.
STREET ADDRESS 5775-A GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA, GA 0

TITLE ☐ DELETE

NAME T
STOCK, T F
STREET ADDRESS 5775-A GLENRIDGE DR NE
CITY-ST-ZIP ATLANTA, GA 0

TITLE ☐ DELETE

NAME V
MERRITT, B. M.
STREET ADDRESS 5775-A GLENRIDGE DR
CITY-ST-ZIP ATLANTA GA

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

Director

President/Director

Merritt, B.M.
5775-A Glenridge Dr
Atlanta GA 30328

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 13.4 or both or as an attachment with an address.

SIGNATURE:

T. F. STOCK
SECRETARY-TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 4042564150
DATE DAYTIME PHONE

CR2E034 (12/95)