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FILED

Apr 25 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 # 831195

(3)

1. Corporation Name

AFGD, INC.

Principal Place of Business

1800 PARKWOOD CIR.
SUITE 300
ATLANTIC GA 30339
US

Mailing Address

1400 LINCOLN ST.
P.O. BOX 929
KINGSPORT TN 37682-0929

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/01/1973

3a. Date of Last Report

04/18/1996

4. FEI Number

58-1105024

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 V
NAME BROOKS, JAMES R.
STREET ADDRESS 1800 PARKWOOD CIRCLE, SUITE 300
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE V
NAME SMITH, R.E.
STREET ADDRESS 1800 PARKWOOD CIRCLE, SUITE 300
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE P
NAME KENNEDY, D. ROGER
STREET ADDRESS 1800 PARKWOOD CIRCLE, SUITE 300
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE D
NAME BRADFORD, J.W. J
STREET ADDRESS 1400 LINCOLN STREET, P. O. BOX 929
CITY-ST-ZIP KINGSPORT TN

☐ DELETE

TITLE D
NAME KRAMER, S.E.
STREET ADDRESS 1400 LINCOLN ST., P. O. BOX 929
CITY-ST-ZIP KINGSPORT TN

☐ DELETE

TITLE V
NAME DOBIE, ROBERT E.
STREET ADDRESS 1400 LINCOLN ST., P. P. BOX 929
CITY-ST-ZIP KINGSPORT TN

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

VP
KELSEY, MIKE J.
1600 PARKWOOD CR SUITE 300
ATLANTA, GA 30339

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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]

11-21-97

000-551-2212

CR2E034 (9/96)