

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 833929 (3)

1. Corporation Name

SHOPTAW-JAMES, INC.



Principal Place of Business

5871 GLENRIDGE DR.
ATLANTA GA 30328

Mailing Address

5871 GLENRIDGE DR.
ATLANTA GA 30328

3. Date Incorporated or Qualified

03/05/1975

3a. Date of Last Report

03/14/1995

4. FEI Number

58-1215606

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 street address

(if not Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BRIGHT, E. G. JR.
STREET ADDRESS 300 PLAZA ONE SHELL SQ
CITY-STATE-ZIP NEW ORLEANS LA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE CD ☐ DELETE
NAME SHOPTAW, BILL W
STREET ADDRESS 5871 GLENRIDGE DR.
CITY-STATE-ZIP ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE VT ☐ DELETE
NAME WETZEL, THOMAS H., JR
STREET ADDRESS 5871 GLENRIDGE DR.
CITY-STATE-ZIP ATLANTA GA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE V ☐ DELETE
NAME JOHNSON, THOMAS E
STREET ADDRESS 100 S ASHLEY DR STE 1270
CITY-STATE-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE
NAME JAMES, DENNIS H.
STREET ADDRESS 5871 GLENRIDGE DR.
CITY-STATE-ZIP ATLANTA GA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE S ☐ DELETE
NAME DEBOLT, PATRICIA B
STREET ADDRESS 5871 GLENRIDGE DR
CITY-STATE-ZIP ATLANTA GA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Patricia B. DeBolt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia B. DeBolt, Secretary

1/24/96

DATE

(404) 843-8809

DAYTIME PHONE #

CR2E034 (12/95)