

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAR -7 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837452 (2)

1. Corporation Name

CHARLEY FOSTER & ASSOCIATES, INC.

Principal Place of Business

3500 SKYLAND BLVD. EAST
TUSCALOOSA AL 35405

Mailing Address

3500 SKYLAND BLVD. EAST
TUSCALOOSA AL 35405

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/30/1976

3a. Date of Last Report
01/26/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

25 P. O. Box 70788

27 Suite, Apt. #, etc.

28 City & State

29 Tuscaloosa, AL

30 Zip Country

31 35407 Tusc.

4. FEI Number
63-0571817

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

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

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	VD
NAME	FOSTER, DAVID K.
STREET ADDRESS	3500 SKYLAND BLVD. E.
CITY- ST- ZIP	TUSCALOOSA AL
TITLE	PD
NAME	FOSTER, CHARLEY F
STREET ADDRESS	3500 SKYLAND BLVD E
CITY- ST- ZIP	TUSALOOSA, AL 00000
TITLE	VD
NAME	FOSTER, BRIAN K.
STREET ADDRESS	RT. 1 BOX 1800
CITY- ST- ZIP	BROOKWOOD AL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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	3500 Skyland Blvd. E.
3.4 CITY- ST- ZIP	Tuscaloosa, AL 35405
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	

14. I, the undersigned, 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:

Charley F. Foster

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Charley F. Foster

3/1/95

(205) 345-5057

(Date)

(Signature) (Phone #)