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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **838302** (8)

1. Corporation Name

WILLIAMS-RUSSELL AND JOHNSON, INC.

Principal Place of Business

Mailing Address

771 SPRING ST. N.W.
P.O. BOX 54577
ATLANTA GA 30308

771 SPRING ST. N.W.
P.O. BOX 54577
ATLANTA GA 30308-0577



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/27/1977	3a. Date of Last Report 09/26/1996
4. FEI Number 58-1269958	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
WILLIAMS, P.E., TYRONE C 3900 N.W. 79TH AVENUE SUITE 501 MIAMI FL 33186-6549	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> DELETE
NAME	WILLIAMS, P.E., PELHAM C
STREET ADDRESS	1250 CLEARBROOK DR., SW
CITY - ST - ZIP	ATLANTA GA
TITLE	VS <input type="checkbox"/> DELETE
NAME	JOHNSON, P.E., CHARLES E
STREET ADDRESS	2807 ALAMEDA TRAIL
CITY - ST - ZIP	DECATUR GA
TITLE	DS <input type="checkbox"/> DELETE
NAME	ADAMS, LINNIE B
STREET ADDRESS	3972 CHERU DR.
CITY - ST - ZIP	DECATUR GA
TITLE	S <input type="checkbox"/> DELETE
NAME	JOHNSON, CHARLES
STREET ADDRESS	2807 ALMEADO TRAIL
CITY - ST - ZIP	DECATUR GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director and Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, P.E., Pelham C.
1.3 STREET ADDRESS	1250 Clearbrook Drive, SW
1.4 CITY - ST - ZIP	Atlanta, GA 30331
2.1 TITLE	Director and President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Johnson, P.E., Charles E.
2.3 STREET ADDRESS	2807 Alameda Trail
2.4 CITY - ST - ZIP	Decatur, GA 30034
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Charles E. Johnson** *Charles E. Johnson* 01/31/1997 (404) 853-6800

CR2E037 (9/96)