

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90026 003 *****150.00

DOCUMENT # **852630**

1. Corporation Name
DIEDRICH/NBA, INC.

Principal Place of Business
**3060 PEACHTREE RD NW
SUITE 600
ATLANTA GA 30305**

Mailing Address
**3060 PEACHTREE RD NW
SUITE 600
ATLANTA GA 30305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1982

4. FEI Number

58-1417406

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	DIEDRICH, RICHARD J.	
STREET ADDRESS	8 BROOKHAVEN DR.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS	
STREET ADDRESS	6326 SADDLEWOOD DR	
CITY-ST-ZIP	LITHONIA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HESTER, JOHN T.	
STREET ADDRESS	3400 TIMBERCREEK DRIVE	
CITY-ST-ZIP	LAWRENCEVILLE GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOUGLAS, A. RAY, JR.	
STREET ADDRESS	11965 N HICKORY TRACE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	BOLTON, G. NILES	
STREET ADDRESS	3060 PEACHTREE RD NW SUITE 600	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	KIMSEY, RAY	
STREET ADDRESS	3060 PEACHTREE RD NW SUITE 600	
CITY-ST-ZIP	ATLANTA GA 30305	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

Rebecca J. Bradshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/99

404/365-7600

Date

Daytime Phone #

CR2E034 (11/98)