

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northerm Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 855 489 1. Corporation Name TEA Group Incorporated			
Principal Place of Business 1040 Crown Pointe Parkway Suite 800 Atlanta, GA 30338		Mailing Address Same	
2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip Country		3. Date incorporated or Qualified 2/9/83 3a. Date of Last Report 4/10/96 4. FBI Number 581467251 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 32711		9. 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 607.5602 and 607.1804, 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 607.0605, Florida Statutes.			
SIGNATURE _____ DATE _____ Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when returning)			
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bruce W. Neurohr 10720 Stroup Road Roswell, GA 30075	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chuck Jones 10750 Stroup Road Roswell, GA 30075	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michael F. Jacobs 1040 Crown Pointe Pky., Ste. 800 Atlanta, GA 30338	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ron Minnich 1040 Crown Pointe Pkwy., S Atlanta, GA 30338	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D F.G. Neurohr 6 Strawood Point Homosassa, FL 34446	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ DELETE ☐ 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, changed, or on an attachment with an address.			
SIGNATURE: <u>Michael F. Jacobs</u> <u>Michael F. Jacobs</u> <u>4/23/97</u>		800000216085 -05/01/97--01002--010 ***165.00	

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