

**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 # **857076** (4)

1. Corporation Name  
**NOTTINGHAM CO. (GEORGIA)**



Principal Place of Business: **1303 BOYD AVENUE, NW  
P.O. BOX 250049 STATION N.  
ATLANTA GA 30325**

Mailing Address: **1303 BOYD AVENUE, NW  
P.O. BOX 250049 STATION N.  
ATLANTA GA 30325**

3. Date Incorporated or Qualified: **07/11/1983**      3a. Date of Last Report: **03/16/1995**

4. FEI Number: **58-0674532**      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: **21**      2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**

City & State: **23**      City & State: **28**

Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent  
**ANDERSON, DAVID B.  
2201 WEDGEWOOD COURT  
PLANT CITY FL 33568**

10. Name and Address of New Registered Agent

81 Name: **SAME AGENT  
NEW ADDRESS**

82 Street Address (P.O. Box Number is Not Acceptable): **401B HOWARD AVENUE**

83

84 City: **LAKELAND**      FL      85 Zip Code: **33802**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, DAVID B.</b>
STREET ADDRESS	<b>301 E HERRING STREET</b>
CITY - ST - ZIP	<b>PLANT CITY FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>DOUGLAS, THOMAS W.</b>
STREET ADDRESS	<b>1303 BOYD AVENUE, NW</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>STORES, ROBERT S.</b>
STREET ADDRESS	<b>1303 BOYD AVENUE NW</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>LITTLE, CHARLES A., JR.</b>
STREET ADDRESS	<b>1303 BOYD AVENUE NW</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
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	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	<b>LITTLE, CHARLES A., III</b>
1 3 STREET ADDRESS	<b>1303 BOYD AVENUE NW</b>
1 4 CITY - ST - ZIP	<b>ATLANTA, GA</b>
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 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: **R. E. Boatright**      R. E. BOATRIGHT      2/5/96      (404) 351-3501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)