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**Feb 27 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 30325-1049**

3. Date Incorporated or Qualified 07/11/1983	3a. Date of Last Report 02/08/1996
4. FEI Number 58-0674532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDERSON, DAVID B. 2801 WEDGEWOOD COURT LAKELAND, FL 33808		81 Name	
401 B. HOWARD AVE. LAKELAND, FL 33802		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LITTLE, CHARLES A III		1.2 NAME	
STREET ADDRESS 1303 BOYD AVE NW		1.3 STREET ADDRESS	
CITY - ST - ZIP ATLANTA GA		1.4 CITY - ST - ZIP ATLANTA, GA 30318	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUGLAS, THOMAS W.		2.2 NAME	
STREET ADDRESS 1303 BOYD AVENUE, NW		2.3 STREET ADDRESS	
CITY - ST - ZIP ATLANTA GA		2.4 CITY - ST - ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STORES, ROBERT S.		3.2 NAME	
STREET ADDRESS 1303 BOYD AVENUE NW		3.3 STREET ADDRESS	
CITY - ST - ZIP ATLANTA GA		3.4 CITY - ST - ZIP	
TITLE C	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LITTLE, CHARLES A., JR.		4.2 NAME	
STREET ADDRESS 1303 BOYD AVENUE NW		4.3 STREET ADDRESS	
CITY - ST - ZIP ATLANTA GA		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME WALTER L. JONES, JR.	
STREET ADDRESS		5.3 STREET ADDRESS 1303 BOYD AVE., NW	
CITY - ST - ZIP		5.4 CITY - ST - ZIP ATLANTA, GA 30318	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE SECRETARY-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME ROBERT E. BOATRIGT	
STREET ADDRESS		6.3 STREET ADDRESS 1303 BOYD AVE., NW	
CITY - ST - ZIP		6.4 CITY - ST - ZIP ATLANTA, GA 30318	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Robert E. Boatright* **ROBERT E. BOATRIGT** **2/21/97** **Date** _____ **Daytime Phone #** _____

CR2E034 (9/96)