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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9200000626 (3) FULGHUM FIBRES, INC.

MARTINEZ GA

KING, JUDY A

Wells, H H

GROVETOWN GA

STAPLETON GA

LOUISVILLE GA

GLASSBURNER, L P

FULGHUM, HOLLY L

3048 BOSTICK MILL RD

322 SUGARCREED DR

2372 SYLVAN GROVE RD

CHTY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - \$1 - ZiP

CHY-ST-7#

CHY-ST-7IP

MILE

TITLE

NAME

THEE

NAME

Principal I	Place of Business	Mailing Address			· · · · · · · · · · · · · · · · · · ·				
3604 WHEELER RD P O BOX 15395 AUGUSTA GA 30909 AUGUSTA GA 30919-1395 US US									
						3. Date incorporated or Qualified 12/11/1992	ate of Last Re 01/1996	Report	
2. Princip	oal Place of Business	2a. Mailing Address	iling Address			4. FEI Number		Ap	plied For
21		26				58-1851973			t Applicable
Suite, /	Apt #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City &	State	City & State	<u> </u>			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zφ	Country	Zip	Col	Country		8. This corporation has liability for	r intangible	tax under s.	199.032,
24	25	29	30			Florida Statutes		No	
	9. Name and Address of Cu	rrent Registered Agent		_		10. Name and Address of New I	tegistered	Agent	
	C T CORPORATION SYSTEM			81	Name				
1200 SOUTH PINE ISLAND ROAD				B2	Street Ad	ddress (P.O. Box Number is Not Accept	able)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
F	PLANTATION FL 33324								
				83					
				84	City		FL	65 Zip (Code
f office	uant to the provisions of Sections 607, or registered agent, or both, in the S till am familiar with, and accept the of	tate of Florida Such change was	s authorize	id by	the corpo	orporation submits this statement for the oration's board of directors. I hereby acc	purpose of ept the app	changing its ointment as	s registered registered
SIGNATU	RE Segretarial typed or printed name of registers	d agent and life if applicable (NC	OTE: Begisters	ed Apr	ant signature re	aguired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	S IN 12
THE	COB	☐ DELETE	1.1 T	ITLE				Change	Addition
NAME	FULGHUM, O T JR	FULGHUM, O'T JR		NAME					
STREET ADOR	AAAT 14/41 TON 14/41/		1.3 S	1.3 STREET ADDRESS					
CHY-SI ZIP	AUGUSTA GA		1.40	1.4 CITY-ST-ZIP					
THLE	V			2.1 TITLE				Change	Addition
NAME	HAUFF, ANTHONY M		2.2 h	3MA					
STREET ACOR	ESS 355 CAMBRIDGE WAY		2.3 8	TREET	ADDRESS				

2906 HILLCREEK 6.3 STREET ADDRESS STREET ADDRESS **AUGUSTA GA** 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 607, Florida Statutes, and that my name

2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

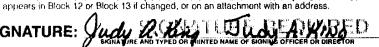
6.2 NAME

DELETE

DELETE

DELETE

DELETE



706-651-1000

Change

Change

Change

Change

Addition

Addition

Addition

Addition

FILED

Apr 28 1997 8:00am

Secretary of State