FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 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 # **F92000000626 (3)**

1. Corporation Name
FULGHUM FIBRES, INC.

Principal Place of Business	Mailing Address
3604 WHEELER RD AUGUSTA GA 30909 US	P O BOX 15395 AUGUSTA GA 30919-1395 US

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 58-1851973 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. 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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FULGHUM, O T JR		1.2 NAME	
STREET ADDRESS	3337 WALTON WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAUFF, ANTHONY M		2.2 NAME	
STREET ADDRESS	355 CAMBRIDGE WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARTINEZ GA		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KING, JUDY A		3.2 NAME	
STREET ADDRESS	322 SUGARCREED DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVETOWN GA		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, H H		4.2 NAME	
STREET ADDRESS	2372 SYLVAN GROVE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	STAPLETON GA		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GLASSBURNER, L P		5.2 NAME	
STREET ADDRESS	3048 BOSTICK MILL RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE GA		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FULGHUM, HOLLY L		6.2 NAME	
STREET ADDRESS	2906 HILLCREEK		6.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Judy A. King TITLE Judy A. King 4-22-97 706-651-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #