

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

FILED
May 16 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 # F93000001960 (4)
 1. Corporation Name
CULPEPPER, MCAULIFFE AND MEADERS, INC.



Principal Place of Business: **400 COLONY SQUARE, SUITE 900 ATLANTA GA 30361**
 Mailing Address: **400 COLONY SQUARE, SUITE 900 ATLANTA GA 30361-6304**

3. Date Incorporated or Qualified: **04/26/1993**
 3a. Date of Last Report: **04/30/1996**
 4. FEI Number: **58-1721167**
 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, 22, 23, 24
 2a. Mailing Address: 25, 26, 27, 28, 29, 30

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
 85 Zip Code **FL**

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 _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE CULPEPPER, JAMES F 400 COLONY SQUARE SUITE 900 ATLANTA GA	1.1 TITLE: VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C	<input type="checkbox"/> DELETE MCAULIFFE, JAMES R 400 COLONY SQUARE, SUITE 900 ATLANTA GA	2.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS	<input type="checkbox"/> DELETE MEADERS, ROBERT E 400 COLONY SQUARE, SUITE 900 ATLANTA GA 30361	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	<input type="checkbox"/> DELETE WENZEL, RANEE K. 400 COLONY SQUARE, SUITE 900 ATLANTA GA	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed or on an attachment with an address.

SIGNATURE: _____ DATE: **4-18-97**
 SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)