

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002284 (8)

1. Corporation Name

STORMONT TRICE CORPORATION



Principal Place of Business

Mailing Address

3350 CUMBERLAND CIRCLE, SUITE 1800
ATLANTA GA 30339

3350 CUMBERLAND CIRCLE, SUITE 1800
ATLANTA GA 30339

3. Date Incorporated or Qualified 05/17/1993
3a. Date of Last Report 04/11/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	58-1628424	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRVIN, JOHN D
4200 MARIOTT DRIVE
PANAMA CITY FL 32408

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORMONT, RICHARD M	1.2 NAME	
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1800	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRICE, DONALD R	2.2 NAME	
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1800	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWNER, BRENDA J	3.2 NAME	
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1800	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORMONT, JAMES M JR.	4.2 NAME	
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1800	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Brenda J. Brawner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

Date

770/850-3303

Daytime Phone #

CR2E034 (12/95)