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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:13

DOCUMENT # F93000002551 (0)

1. Corporation Name
SEDCO, INC. - GEORGIA

Principal Place of Business	Mailing Address
4305 STEVE REYNOLDS BLVD NORCROSS GA 30093	4305 STEVE REYNOLDS BLVD NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 58-1096068 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
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
1311 EXECUTIVE CENTER DR. STE 200
TALLAHASSEE FL 32301

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: F. A. Manno FRANK A. MANNO V.P. 2/9/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	☐ Change ☐ Addition
NAME	STOWE, S. EDWIN SR.	1.2 NAME	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	T. ☒ Change ☐ Addition
NAME	MARION, JOHN	2.2 NAME	STOWE S.E. SR.
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	2.3 STREET ADDRESS	4305 STEVE REYNOLDS BLVD.
CITY-ST-ZIP	NORCROSS GA 30093	2.4 CITY-ST-ZIP	NORCROSS, GA 30093
TITLE	V	3.1 TITLE	EXEC V.P. ☒ Change ☐ Addition
NAME	STOWE, S. E SR	3.2 NAME	STOWE, S.E. JR.
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	3.3 STREET ADDRESS	4305 STEVE REYNOLDS BLVD.
CITY-ST-ZIP	NORCROSS GA 30093	3.4 CITY-ST-ZIP	NORCROSS, GA 30093
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, WAYNE B SR	4.2 NAME	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, GEORGE R SR	5.2 NAME	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MANNO, FRANK A	6.2 NAME	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	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)(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: F. A. Manno 2/9/95 404/925-4706
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
FRANK A. MANNO V.P.

0396656 FP