

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1311 EXECUTIVE CENTER DR. STE 200
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

05/20/1993

3a. Date of Last Report

02/14/1995

4. FEI Number

58-1096068

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

10. Name and Address of New Registered Agent

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

TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	STOWE, S. EDWIN SR.	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	
CITY-STATE-ZIP	NORCROSS GA 30093	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STOWE, SE SR	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	
CITY-STATE-ZIP	NORCROSS GA	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	STOWE, S E JR	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	
CITY-STATE-ZIP	NORCROSS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, WAYNE B SR	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	
CITY-STATE-ZIP	NORCROSS GA 30093	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, GEORGE R SR	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD	
CITY-STATE-ZIP	NORCROSS GA 30093	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MANNO, FRANK A	
STREET ADDRESS	4305 STEVE REYNOLDS BLVD.	
CITY-STATE-ZIP	NORCROSS GA 30093	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	JOHN D. MARION	
13. STREET ADDRESS	4305 STEVE REYNOLDS BLVD.	
14. CITY-STATE-ZIP	NORCROSS, GA 30093	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-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:

Frank A. Manno FRANK A. MANNO 3/14/96 770/925-4706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)