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FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
4305 STEVE REYNOLDS BLVD  
NORCROSS GA 30093

Mailing Address  
4305 STEVE REYNOLDS BLVD  
NORCROSS GA 30093-3362



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/20/1993

3a. Date of Last Report

03/19/1996

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME MARION, JOHN D  
STREET ADDRESS 4305 STEVE REYNOLDS BLVD  
CITY-ST-ZIP NORCROSS GA

TITLE D ☐ DELETE

NAME SMITH, WAYNE B SR  
STREET ADDRESS 4305 STEVE REYNOLDS BLVD  
CITY-ST-ZIP NORCROSS GA 30093

TITLE D ☐ DELETE

NAME SMITH, GEORGE R SR  
STREET ADDRESS 4305 STEVE REYNOLDS BLVD  
CITY-ST-ZIP NORCROSS GA 30093

TITLE V ☐ DELETE

NAME MANNO, FRANK A  
STREET ADDRESS 4305 STEVE REYNOLDS BLVD.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP NORCROSS, GA 30093

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D/C ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE V/S/T/D ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE S. EDWIN STOWE, SR. ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FRANK A. MANNO

Date

1/6/97

Daytime Phone #

770/925-4706

0011298

CR2E034 (9/96)