FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 17 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000285 (6)**

1. Corporation Name
B.A.N. INC. OF GEORGIA

Principal Place of Business	Mailing Address
246 E. 6TH AVE. SUITE 5 TALLAHASSEE FL 32303	P.O. BOX 722 MOULTRIE GA 31776

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 Rt #1, Box 1206
22 Suite, Apt. #, etc.
23 City & State: Havana, Fla.
24 Zip: 32333
25 Country: Gadsden

2a. Mailing Address
26 same as above
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 58-1932631 ☐ 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

HELMS, CHARLES L
246 E. 6TH AVE., #5
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Charles L. Helms
82 Street Address (P.O. Box Number is Not Acceptable): Rt #1 Box 1206
83
84 City: Havana FL 85 Zip Code: 32333

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC	1.1 TITLE	☐ Change ☐ Addition
NAME	GAY, BRENDA S	1.2 NAME	
STREET ADDRESS	2567 GEORGIA HWY. 111	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA 31768	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	VS/Sec/Treas. ☒ Change ☐ Addition
NAME	SPRADLEY, NANCY D	2.2 NAME	Nancy D Spradley
STREET ADDRESS	[redacted]	2.3 STREET ADDRESS	818 5th Ave, S.E.
CITY-ST-ZIP	MOULTRIE GA 31768	2.4 CITY-ST-ZIP	Moultrie, Ga. 31768
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

APT 3/21

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 added.

SIGNATURE: Brenda S. Gay (BRENDA S. GAY) PRESIDENT 3/13/95 912/985-5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478668 FP