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CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996

F9400000285 (6) **DOCUMENT #** 

Corporation Name		-	_	_		_	_	_	_	•
DAM INC	OF GEOR	)CI	٨							

B.A.N. INC. UT GEUNGIA Principal Place of Business Mailing Address RT 1 BOX 1206 P.O. BOX 722 HAVANA FL 32333 MOULTRIE GA 31776 3a. Date of Last Report 3. Date Incorporated or Qualified 01/21/1994 03/17/1995 2a. Maling Address 4. FEI Number Applied For 2. Principal Place of Business 58-1932631 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #. etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Yes No 30 Florida Statutes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HELMS, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 82 RT #1 BOX 1206 83 HAVANA FL 32333 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (No) In Hug devel Agest signature required when renstating Signature, typed or pricted nation of registered again and title diagram is di ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE Addition PTDC 1.1 THE E TITLE 1.2 NAME GAY, BRENDA S NAME 2567 GEORGIA HWY. 111 13 STREET ADDRESS STREET ADDRESS **MOULTRIE GA 31768** 1.4 CHY - ST - ZIP CITY - ST ZIP Add-tion Change [ ] DELETE 2 1 THEF TITLE SPRADLEY, NANCY D 2.2 NAME NAME 818 5TH AVE, S.E. 2.3 STREET ADDRESS STREET ADDRESS **MOULTRIE GA 31768** 24 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 3 4 CITY - ST-ZIP CHTY - ST - 7IP Change Change Addition DELETE 4 1 THELE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST - 7IP CITY - ST- 7tp Change Addition DELFTE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME **GISITHEFT ADDRESS** STREET ADDRESS 6.4.011Y - ST - 7IP CHTY - 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 arinual 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:

TED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 912/985-5520

(12/95)**CR2E034**