

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004124 (3)

1. Corporation Name

GEORGIA/ATLANTIC CONTRACTORS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 47688
DORAVILLE GA 30340

P.O. BOX 47688
DORAVILLE GA 30340

3. Date Incorporated or Qualified
08/09/1994

3a. Date of Last Report
03/28/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRITT JR., ARNOLD D
13 CENTURY-21 DR., STE 216
JACKSONVILLE FL 32216

81 Name

Kim Bailey

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

4803 St John Avenue / # 2E

83

84 City

Palatka

FL

85 Zip Code

32177

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 of the person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/96

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME BAILEY, KIM
STREET ADDRESS 3205 LONG IRON DR.
CITY-STATE-ZIP LAWRENCEVILLE GA

TITLE VTD ☒ DELETE

NAME DUGGAN, TRACEY
STREET ADDRESS RT 4 BOX 4432E
CITY-STATE-ZIP DAWSONVILLE GA

TITLE D ☐ DELETE

NAME BAILEY, DORIS
STREET ADDRESS 5831 LAKESHORE DR.
CITY-STATE-ZIP BUFORD GA

TITLE D ☐ DELETE

NAME FLOYD, KRISTEN
STREET ADDRESS 4339 FALCON CREST DR.
CITY-STATE-ZIP FLOWERY BRANCH GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE Vice Pres/Secretary ☒ Change ☐ Addition

2.2 NAME Tracey Bailey
2.3 STREET ADDRESS 4124 Chatham Crest Lane
2.4 CITY-STATE-ZIP Buford, GA 30518

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Tracey Bailey - Tracey Bailey - VP/Sec. 2/15/96 (770)409-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)