

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9400006325 (4)

1. Corporation Name

IMPERIAL PRODUCTS CORPORATION OF GEORGIA

Principal Place of Business

Mailing Address

800 ASHWOOD PKWY., #800
ATLANTA GA 30338

800 ASHWOOD PKWY., #800
ATLANTA GA 30338

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

3a. Date of Last Report

12/13/1994

4. FEI Number

Applied For

43-1226177

Not Applicable

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

29

30

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYLWARD, THOMAS J	1.2 NAME	
STREET ADDRESS	7 CARTERS GROVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LUDAE MO 63124	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, ROBERT G	2.2 NAME	
STREET ADDRESS	2702 CHIMNEY SPRINGS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARIETTA GA 30082	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERRY, A R	3.2 NAME	
STREET ADDRESS	4090 DORAL DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DORAVILLE GA 30360	3.4 CITY - ST - ZIP	
TITLE	DC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEETER, DAREN M	4.2 NAME	
STREET ADDRESS	1821 VERMACK CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DUNWOODY GA 30338	4.4 CITY - ST - ZIP	
TITLE	DC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEETER, JAMES P	5.2 NAME	
STREET ADDRESS	1130 HUNTCLIFF	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30350	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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 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:

Robert G. Carey

ROBERT G. CAREY

4/27/95 (404)393-1430

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Type in figure #)