

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 # F94000006325 (4)

1. Corporation Name

IMPERIAL PRODUCTS CORPORATION OF GEORGIA



Principal Place of Business

**800 ASHWOOD PKWY., #800
ATLANTA GA 30338**

Mailing Address

**800 ASHWOOD PKWY., #800
ATLANTA GA 30338**

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
43-1226177

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

**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 in block below and initialed

Signature typed or printed in block below and initialed

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | AYLWARD, THOMAS J | |
| STREET ADDRESS | 7 CARTERS GROVE | |
| CITY - ST - ZIP | LUDAE MO 63124 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CAREY, ROBERT G | |
| STREET ADDRESS | 2702 CHIMNEY SPRINGS DR. | |
| CITY - ST - ZIP | MARIETTA GA 30062 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | SPERRY, A R | |
| STREET ADDRESS | 4080 DORAL DR. | |
| CITY - ST - ZIP | DORAVILLE GA 30360 | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | KEETER, DAREN M | |
| STREET ADDRESS | 1821 VERMACK CT. | |
| CITY - ST - ZIP | DUNWOODY GA 30338 | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | KEETER, JAMES P | |
| STREET ADDRESS | 1130 HUNTCLIFF | |
| CITY - ST - ZIP | ATLANTA GA 30350 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Expires 12/31/96

CR2E034 (12/95)