

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 # F95000002175 (6)

1. Corporation Name

THE FUN COMPANY, INC. OF GEORGIA



Principal Place of Business

Mailing Address

3658-D ATLANTA INDUSTRIAL DR.  
ATLANTA GA

3658-D ATLANTA INDUSTRIAL DR.  
ATLANTA GA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

4. FEI Number

58-1625283

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE  
NAME GAMBRELL, EDWIN N  
STREET ADDRESS 5561 CLUNCHFIELD TRAIL  
CITY-ST-ZIP NORCROSS GA 30092

TITLE VD ☐ DELETE  
NAME ROBERTSON, FRANK O  
STREET ADDRESS 6725 PINE MILL LANE  
CITY-ST-ZIP ATLANTA GA 30328

TITLE SD ☒ DELETE  
NAME HOLT, JERRY W  
STREET ADDRESS 1950 MCEACHERN MANOR DR.  
CITY-ST-ZIP MARIETTA GA 30064

TITLE TD ☐ DELETE  
NAME CARNEY, THOMAS M  
STREET ADDRESS 1195 FRANCIS ST., N.W.  
CITY-ST-ZIP ATLANTA GA 30318

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME TD  
3.3 STREET ADDRESS PEAT, DANIEL A.  
3.4 CITY-ST-ZIP 4381 CONWHEY COURT  
SMYRNA, GA 30082

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME SD  
4.3 STREET ADDRESS CARNEY, THOMAS M.  
4.4 CITY-ST-ZIP 1195 FRANCIS ST., N.W.  
ATLANTA, GA 30318

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

DANIEL A. PEAT TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96

Date

(404) 505-8311

Telephone

CR2E034 (12/95)