

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000002ans**

1. Corporation Name

**The Fun Company, Inc.**  
**3658-D Atlanta Industrial Drive**  
**Atlanta, GA 30331**

Principal Place of Business

Mailing Address

see above

see above

3. Date Incorporated or Qualified

3a. Date of Last Report

**January 1, 1995**

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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

2. Principal Place of Business

2a. Mailing Address

**21 3658 Atlanta Indus Dr**

**26 same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite D**

**27**

City & State

City & State

**23 Atlanta, GA**

**28**

Zip

Country

Zip

Country

**24 30331**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System**  
**1200 South Pine Island Road**  
**Plantation, FL 33324**

81 Name

**same**

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

**N/A**

Signature, typed or printed name of registered agent and the applicable

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE  
NAME **Edwin N. Gambrell**  
STREET ADDRESS **3658-D Atlanta Industrial Dr**  
CITY-ST-ZIP **Atlanta, GA 30331**

TITLE **Vice President** ☐ DELETE  
NAME **Frank O. Robertson**  
STREET ADDRESS **3658-D Atlanta Industrial Dr**  
CITY-ST-ZIP **Atlanta, GA 30331**

TITLE **Secretary** ☐ DELETE  
NAME **Thomas M. Carney, IV**  
STREET ADDRESS **3658-D Atlanta Industrial Drive**  
CITY-ST-ZIP **Atlanta, GA 30331**

TITLE **Treasurer** ☐ DELETE  
NAME **Daniel A. Peat**  
STREET ADDRESS **3658-D Atlanta Industrial Dr**  
CITY-ST-ZIP **Atlanta, GA 30331**

TITLE **Director** ☐ DELETE  
NAME **Scott Larson**  
STREET ADDRESS **3658-D Atlanta Industrial Dr**  
CITY-ST-ZIP **Atlanta, GA 30331**

TITLE **Director** ☐ DELETE  
NAME **Todd Strickland**  
STREET ADDRESS **3658-D Atlanta Industrial Drive**  
CITY-ST-ZIP **Atlanta, GA 30331**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add-  
1.2 NAME ☐ Add-  
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  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

**700001787347**

**-04/19/96--01061--002**

**\*\*\*208.75**

**4-19-96**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas M. Carney, IV**  
**Secretary**

**3/29/96**

**404-505-8811**

CR2E034 (12/95)