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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **F95000005434 (4)**

1. Corporation Name
DAVIS BROTHERS OF GEORGIA, INCORPORATED

Principal Place of Business	Mailing Address
2631 BUFORD HWY., N.E. ATLANTA GA 30324-1347	2631 BUFORD HWY., N.E. ATLANTA GA 30324-3109

3. Date Incorporated or Qualified: **11/06/1995**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **58-0619266** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE	VICE President of Lodging	☐ Change ☐ Addition
NAME	DAVIS, JOHN R		1.2 NAME	John Brinkman	
STREET ADDRESS	2631 BUFORD HWY., N.E.		1.3 STREET ADDRESS	2631 Buford Hwy NE	
CITY-ST-ZIP	ATLANTA GA 30324-1347		1.4 CITY-ST-ZIP	Atlanta GA 30324	
TITLE	VS	☒ DELETE	2.1 TITLE	VICE President Food Service	☐ Change ☒ Addition
NAME	MOODY, AARON		2.2 NAME	Lyle Paehler	
STREET ADDRESS	2631 BUFORD HWY., N.E.		2.3 STREET ADDRESS	2631 Buford Hwy NE	
CITY-ST-ZIP	ATLANTA GA 30324-1347		2.4 CITY-ST-ZIP	Atlanta GA 30324	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	CAMPBELL, HATTIE		3.2 NAME	LISA DAVIS	
STREET ADDRESS	2631 BUFORD HWY., N.E.		3.3 STREET ADDRESS	2631 Buford Hwy NE	
CITY-ST-ZIP	ATLANTA GA 30324-1347		3.4 CITY-ST-ZIP	Atlanta GA 30324	
TITLE	D	☐ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	MOODY, SUZIE D		4.2 NAME	moody SUZIE	
STREET ADDRESS	2631 BUFORD HWY., N.E.		4.3 STREET ADDRESS	2631 Buford Hwy NE	
CITY-ST-ZIP	ATLANTA GA 30324-1347		4.4 CITY-ST-ZIP	Atlanta GA 30324	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRUIT, BARBARA D		5.2 NAME		
STREET ADDRESS	2631 BUFORD HWY., N.E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30324-1347		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, PAUL R		6.2 NAME		
STREET ADDRESS	2631 BUFORD HWY., N.E.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30324-1347		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lisa Davis 1/29/97 404-320-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011704