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Feb 03 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 # F96000001344 (8)

1. Corporation Name

DOUG DAILEY COMPANY, INC.



Principal Place of Business

PO BOX 418
SUWANEE GA 30174-0418

Mailing Address

PO BOX 418
SUWANEE GA 30174-0418

3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 3441 Mary Taylor Rd
Suite, Apt. #, etc.

22 City & State
Birmingham, AL

23 Zip Country
35235

24 35235

2a. Mailing Address

26 3441 Mary Taylor Rd
Suite, Apt. #, etc.

27 City & State
Birmingham, AL

28 Zip Country
35235

29 35235

30

4. FEI Number

58-1197180

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

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	DC	<input type="checkbox"/> DELETE
NAME	DAILEY, DOUG	
STREET ADDRESS	4475 SETTLES BRIDGE RD	
CITY-ST-ZIP	SUWANEE GA 30174	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	DAILEY, DOUG	
STREET ADDRESS	4475 SETTLES BRIDGE RD	
CITY-ST-ZIP	SUWANEE GA 30174	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAILEY, GLENDA R	
STREET ADDRESS	4475 SETTLES BRIDGE RD	
CITY-ST-ZIP	SUWANEE GA 30174	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RIVERS, STEVEN B	
STREET ADDRESS	10440 NIGHTENGAL DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WATTS, GEORGINA S	
STREET ADDRESS	401 EDGELAND PL	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dailey, Doug	
1.3 STREET ADDRESS	5645 Miles Spring Rd	
1.4 CITY-ST-ZIP	Pinson, AL 35126	
2.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dailey, Doug	
2.3 STREET ADDRESS	5645 Miles Spring Rd	
2.4 CITY-ST-ZIP	Pinson, AL 35126	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dailey, Glenda R.	
3.3 STREET ADDRESS	5645 Miles Spring Rd	
3.4 CITY-ST-ZIP	Pinson, AL 35126	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rivers, Steven B.	
4.3 STREET ADDRESS	4555 Trussville-Clay Rd	
4.4 CITY-ST-ZIP	Trussville, AL 35173	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE:

David A. Bennett, CFO

1-27-97

205-655-5198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)