

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H00866

(4)

1. Corporation Name

TUCKER BROS., INC.

Principal Place of Business

**285 PEACHTREE CTR. AVE. STE. 300
ATLANTA GA 30303
US**

Mailing Address

**P.O. BOX 58788
ATLANTA GA 30343
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/26/1984

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2413705

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

21 1201 W. Peachtree ST, NE

Suite, Apt., etc.

22 Suite 1800

City & State

23 Atlanta, Georgia

Zip

24 30309-3415

Country

25 US

2a. Mailing Address

26 1201 W. Peachtree ST, NE

Suite, Apt., etc.

27 Suite 1800

City & State

28 Atlanta, Georgia

Zip

29 30309-3415

Country

30 US

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
STE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
RAY, PATRICIA J
285 PEACHTREE CTR. AVE. STE. 300
ATLANTA GA 30303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
CUMMINGS, MICHAEL G
285 PEACHTREE CTR. AVE. STE. 300
ATLANTA GA 30303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
TINDALL, FRANK
285 PEACHTREE CTR. AVE. STE. 300
ATLANTA GA 30303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
FERREBEE, SUBRENA
285 PEACHTREE CTR. AVE. STE. 300
ATLANTA GA 30303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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
**1201 W. Peachtree ST, NE, Suite 1800
Atlanta, Georgia 30309-3415**

2 1 TITLE ☒ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP
**1201 W. Peachtree ST, NE, Suite 1800
Atlanta, Georgia 30309-3415**

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5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
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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 110.07(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 the 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

Date

Chapter 607, Florida Statutes