

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 # H00866 (4)  
1. Corporation Name

TUCKER BROS., INC.



Principal Place of Business

1201 W PEACHTREE ST NE  
SUITE 1800  
ATLANTA GA 30309-3415  
US

Mailing Address

1201 W PEACHTREE ST NE  
SUITE 1800  
ATLANTA GA 30309-3415  
US

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

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified  
04/26/1984

3a. Date of Last Report  
04/17/1995

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

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 the date)

(NOTE: Registered Agent signature required on re-registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS RAY, PATRICIA J  
CITY - ST - ZIP 1201 W PEACHTREE ST NE SUITE 1800  
ATLANTA GA

TITLE ☒ DELETE  
NAME DV  
STREET ADDRESS CUMMINGS, MICHAEL G  
CITY - ST - ZIP 1201 W PEACHTREE ST NE SUITE 1800  
ATLANTA GA

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS TINDALL, FRANK  
CITY - ST - ZIP 1201 W PEACHTREE ST NE SUITE 1800  
ATLANTA GA

TITLE ☒ DELETE  
NAME T  
STREET ADDRESS FERREBEE, SUBRENA  
CITY - ST - ZIP 1201 W PEACHTREE ST NE SUITE 1800  
ATLANTA GA

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 DST ☒ Change ☐ Addition  
1.2 NAME Ray, Patricia J.  
1.3 STREET ADDRESS 1201 W. Peachtree ST, NE, Suite 1800  
1.4 CITY - ST - ZIP Atlanta, GA 30309-3415

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Farrell, Jr, Charles  
2.3 STREET ADDRESS 1201 W. Peachtree ST, NE, Suite 1800  
2.4 CITY - ST - ZIP Atlanta, GA 30309-3415

3.1 TITLE Tindall, Frank ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1201 W. Peachtree ST, NE, Suite 1800  
3.4 CITY - ST - ZIP Atlanta, GA 30309-3415

4.1 TITLE DV ☐ Change ☒ Addition  
4.2 NAME Rossetti, John P.  
4.3 STREET ADDRESS 1201 W. Peachtree ST, NE, Suite 1800  
4.4 CITY - ST - ZIP Atlanta, GA 30309-3415

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:

*Frank Tindall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Tindall, President

4-16-96

(404) 817-2667

Date

Daytime Phone #

CR2E034 (12/95)