

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:19

DOCUMENT # N41705 (7)

1. Corporation Name

**AUGUSTA TACO BELL OWNERS' ADVERTISING ASSOCIATIO
N, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~528 SHARTON DR~~ **520 SHARTON DR** ~~AUGUSTA GA 30909~~ **AUGUSTA GA 30909**
US US

3. Date Incorporated or Qualified **01/17/1991** 3a. Date of Last Report **02/03/1994**

4. FEI Number **59-3196059** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 520 SHARTON DR 28 520 SHARTON DR

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State 28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip Country 25 29 Zip Country 30

8. This corporation has liability for intangible tax under S. 199.1432, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEELE, S. AUSTIN
327 N. HERNADO ST
LAKE CITY FL 32055**

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREGORY, ELIZABETH | 1.2 NAME | |
| STREET ADDRESS | #3 HERON OAKS LN | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | FERNANDINA BEACH FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, WAYNE | 2.2 NAME | |
| STREET ADDRESS | 5207 CHARTON DR | 2.3 STREET ADDRESS | 520 SHARTON DR |
| CITY - ST - ZIP | AUGUSTA GA | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jo Ann Bates | 3.2 NAME | |
| STREET ADDRESS | 220 Chatham Rd | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | Auguste, GA 30907 | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne B. Brown **Wayne B. Brown**

Apr 15-95 706-898-6325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number