

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N41705** (7)
1. Corporation Name
**AUGUSTA TACO BELL OWNERS' ADVERTISING ASSOCIATIO
N, INC.**

Principal Place of Business 520 SHATROM DR AUGUSTA GA 30909 US	Mailing Address 520 SHATROM DR AUGUSTA GA 30907-4751 US
--	---



2. Principal Place of Business [REDACTED]		2a. Mailing Address 4107 Columbia Rd		3. Date Incorporated or Qualified 01/17/1991		3a. Date of Last Report 03/18/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number 59-3196059		Applied For <input type="checkbox"/> Not Applicable	
23. City & State MARTINEZ GA		28. City & State MARTINEZ GA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Zip 30907		29. Zip 30907		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
						\$5.00 May Be Added to Fees	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEELE, S. AUSTIN 327 N. HERNADO ST LAKE CITY FL 32055				10. Name and Address of New Registered Agent 81 Name Wayne B Brown Jennings Brown 82 Street Address (P.O. Box Number is Not Acceptable) 2378 Halperns Way 83 84 City Middleburg FL 85 Zip Code 32068			
---	--	--	--	---	--	--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Wayne B Brown* *Wayne B. Brown Jennings Brown* 1-14-97
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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, WAYNE			2.2 NAME	Wayne B. Brown		
STREET ADDRESS	520 SHATROM DR			2.3 STREET ADDRESS	4107 Columbia Ad.		
CITY-ST-ZIP	AUGUSTA GA			2.4 CITY-ST-ZIP	MARTINEZ, GA. 30907		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BATES, JOANN			3.2 NAME	Sharon Newman		
STREET ADDRESS	220 CHATHAM RD			3.3 STREET ADDRESS	4411 35 Rd		
CITY-ST-ZIP	AUGUSTA GA			3.4 CITY-ST-ZIP	Evans GA 30809		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Wayne B Brown* 1-14-97 706-855-6395
Date Daytime Phone # 0076787

CR2E037 (9/96)