FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 28 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006282 (7)**

1. Corporation Name

BOOTH SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1424 NE EXPRESSWAY ATLANTA GA	1424 NE EXPRESSWAY ATLANTA GA

3. Date Incorporated or Qualified: **12/27/1994**
3a. Date of Last Report:
4. FEI Number: [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SWYERS, PHILIP
3101 LAKE ELLEN LN
TAMPA FL 33618

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	[ ] Change [X] Addition
NAME	BENNETT, JOSEPH R	12 NAME	John Mikles	
STREET ADDRESS	958 ABINGTON CT	13 STREET ADDRESS	1216 Denison Drive	
CITY-ST-ZIP	STONE MOUNTAIN GA 30083	14 CITY-ST-ZIP	Clarkston, GA 30345	
TITLE	D	21 TITLE	D	[ ] Change [X] Addition
NAME	COOPER, RAYMOND A	22 NAME	Fred L. Ruth	
STREET ADDRESS	1633 LENOX RD NE	23 STREET ADDRESS	3294 Clairmont North, N.E.	
CITY-ST-ZIP	ATLANTA GA 30306	24 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	D	31 TITLE	D	[ ] Change [X] Addition
NAME	FIZER, DORIS M	32 NAME	B. Gordon Swyers	
STREET ADDRESS	15318 WINDING CIR DR	33 STREET ADDRESS	2920 Hamilton Square	
CITY-ST-ZIP	TAMPA FL 33613	34 CITY-ST-ZIP	Decatur, GA 30033	
TITLE	D	41 TITLE	D	[ ] Change [X] Addition
NAME	HODDER, KENNETH L	42 NAME	Philip Swyers	
STREET ADDRESS	8228 FORT HUNT RD	43 STREET ADDRESS	16628 Valley Drive	
CITY-ST-ZIP	ALEXANDER VA 22308	44 CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	51 TITLE	D	[ ] Change [X] Addition
NAME	HOOD, KENNETH	52 NAME	H. Al Ward	
STREET ADDRESS	2269 DOGWOOD LN	53 STREET ADDRESS	1379 Holly Lane	
CITY-ST-ZIP	ATLANTA GA 30345	54 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	D	61 TITLE		[ ] Change [ ] Addition
NAME	JAYNES, STANLEY	62 NAME		
STREET ADDRESS	2543 A;PINE WAY	63 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA 30136	64 CITY-ST-ZIP		

3/30

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)(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: B. Gordon Swyers 3-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

B. GORDON SWYERS

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