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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:58

DOCUMENT # P04689 (6)

1. Corporation Name
FLOURNOY DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
900 BROOKSTONE CENTRE PARKWAY P.O. BOX 6566 COLUMBUS GA 31904	900 BROOKSTONE CENTRE PARKWAY P.O. BOX 6566 COLUMBUS GA 31904

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 01/18/1985
3a. Date of Last Report: 02/07/1994
4. FEI Number: 58-1024444 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of new registered agent, if changed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	FLOURNOY, JOHN F.	12 NAME	
STREET ADDRESS	ROUTE 1 BOX 139	13 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MOORE, GEORGE S.	22 NAME	
STREET ADDRESS	1553 MILLINGTON RD.	23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	JONES, W. R.	32 NAME	
STREET ADDRESS	2714 LYNDA LANE	33 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FLOURNOY, JOHN F.	42 NAME	
STREET ADDRESS	RT. 1, BOX 139	43 STREET ADDRESS	
CITY-ST-ZIP	UPATOI GA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BEALS, CRYSTAL C.	52 NAME	
STREET ADDRESS	8011 WARM SPRINGS ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND GA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JONES, W. R.	62 NAME	
STREET ADDRESS	2714 LYNDA LANE	63 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	64 CITY-ST-ZIP	

14. I/We 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George S. Moore
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Secretary/Treasurer 2/15/95 (706) 324-4000
(Title) (Date) (Daytime Phone #)

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