

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P05159 (9)
1. Corporation Name

FIRST AMERICAN RESOURCES CORPORATION OF GEORGIA



Principal Place of Business: 2030 RIVERVIEW INDUSTRIAL DR MABLETON GA 30059
Mailing Address: 2030 RIVERVIEW INDUSTRIAL DR MABLETON GA 30059

3. Date Incorporated or Qualified: 03/01/1985
3a. Date of Last Report: 04/27/1995
4. FEI Number: 58-1252382
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 or director if applicable) (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|------------------------|--|
| TITLE | PO | |
| NAME | WILLIS, WILLIAM L. | |
| STREET ADDRESS | 214 TOWNSEND PLACE, NW | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | VSD | <input checked="" type="checkbox"/> DELETE |
| NAME | GANNON, WILLIAM F. | |
| STREET ADDRESS | 1897 D'YOUVILLE LN | |
| CITY-ST-ZIP | CHAMBLEE GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILLIS, DONNA O. | |
| STREET ADDRESS | 214 TOWNSEND PLACE, NW | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SATOLA, SARAH E. | |
| STREET ADDRESS | 214 TOWNSEND PLACE, NW | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 11 TITLE | | | |
| 12 NAME | | | |
| 13 STREET ADDRESS | | | |
| 14 CITY-ST-ZIP | | | |
| 21 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 22 NAME | | | |
| 23 STREET ADDRESS | | | |
| 24 CITY-ST-ZIP | | | |
| 31 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY-ST-ZIP | | | |
| 41 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY-ST-ZIP | | | |
| 51 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY-ST-ZIP | | | |
| 61 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Alex G. Parks* ALEX G. PARKS 7/9/96 (404) 355-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR

CR2E034 (3/96)