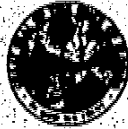


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:32

DOCUMENT # P06973 (2)

1. Corporation Name
TRIBBLE & RICHARDSON, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 4875 RIVERSIDE DR. P.O. BOX 13147 MACON GA 31208-7147	Mailing Address 4875 RIVERSIDE DR. P.O. BOX 13147 MACON GA 31208-7147
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/05/1985	3a. Date of Last Report 07/01/1994
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 58-1080930	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		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 CAPITOL CONNECTION 417 E. VIRGINIA STREET SUITE 1 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
61 Name		62 Street Address (P.O. Box Number is Not Acceptable)		63		64 City	
				FL		65 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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDC	RICHARDSON, ELMO A. JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5750 RIVOLI DR.	1.2 NAME	
STREET ADDRESS	MACON GA	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE VD	MORSE, ROGER W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	245 JULET DR	2.2 NAME	Delete
STREET ADDRESS	MT JULIET TN	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE VAS	DELVIZIS, MICHAEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2030 HUNTERWOOD DR	3.2 NAME	
STREET ADDRESS	BRENTWOOD TN	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE VDS	BATTSON, DAVID E.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	588 SOUTH HILL ST.	4.2 NAME	
STREET ADDRESS	GRIFFIN GA	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE VPD	HARRETSON, H. F III	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2942 VICTORIA CIRCLE	5.2 NAME	GARRETSON, H.F. III
STREET ADDRESS	MACON GA	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE Vice President/Secretary	Sedgwick, Bradford B.	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	123 Timber Ridge	6.2 NAME	
STREET ADDRESS	Macon, GA 31206	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an addendum.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 (912) 474-6100
Date Daytime Phone #