FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P06973** **(2)**

1. Corporation Name

TRIBBLE & RICHARDSON, INC.

Principal Place of Business	Mailing Address
4875 RIVERSIDE DR. P.O.BOX 13147 MACON GA 31208-7147	4875 RIVERSIDE DR. P.O.BOX 13147 MACON GA 31208-7147

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 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **08/05/1985**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **58-1080930** ☐ 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

CAPITAL CONNECTION
417 E. VIRGINIA STREET
SUITE 1
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 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	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, ELMO A. JR.		1.2 NAME		
STREET ADDRESS	5750 RIVOLI DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MACON GA		1.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELVIZIS, MICHAEL		2.2 NAME		
STREET ADDRESS	2030 HUNTERWOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN		2.4 CITY-ST-ZIP		
TITLE	VDS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BATTSON, DAVID E.		3.2 NAME		
STREET ADDRESS	588 SOUTH HILL ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRIFFIN GA		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARRETSON, H.F. III		4.2 NAME		
STREET ADDRESS	2942 VICTORIA CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MACON GA		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE	200001786542	☐ Change ☐ Addition
NAME	SEDGWICK, BRADFORD D		5.2 NAME	-04/19/96--01011--010	
STREET ADDRESS	123 TIMBER RIDGE		5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP	MACON GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

+1896 JR

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

SIGNATURE: Elmo A Richardson Jr. ELMO A. RICHARDSON, JR. 4/15/96 912-474-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)