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FILED

Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

4875 RIVERSIDE DR.
P.O. BOX 13147
MACON GA 31208-7147

Mailing Address

4875 RIVERSIDE DR.
P.O. BOX 13147
MACON GA 31208-3147



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

08/05/1985

3a. Date of Last Report

04/18/1996

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 required for principal officer and for applicable

OFFICER - Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PDC
NAME: RICHARDSON, ELMO A. JR.
STREET ADDRESS: 5750 RIVOLI DR.
CITY, ST, ZIP: MACON GA
TITLE: VAS
NAME: DELVIZIS, MICHAEL
STREET ADDRESS: 2030 HUNTERWOOD DR
CITY, ST, ZIP: BRENTWOOD TN
TITLE: VPD
NAME: GARRETSON, H.F. III
STREET ADDRESS: 2942 VICTORIA CIRCLE
CITY, ST, ZIP: MACON GA
TITLE: VS
NAME: SEDGWICK, BRADFORD D
STREET ADDRESS: 123 TIMBER RIDGE
CITY, ST, ZIP: MACON GA

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is based on the 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 change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELMO A. RICHARDSON, JR.

(912) 474-6100

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CR2E034 (9/96)