

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1985.
AMOUNT DUE ON OR BEFORE 8/9/85: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 11 01 AM

DOCUMENT # P07060 (7)

1. Corporation Name

NIX, MANN AND ASSOCIATES, INC.

Principal Place of Business

1382 PEACHTREE STREET, N.E.
ATLANTA GA 30309

Mailing Address

1382 PEACHTREE STREET, N.E.
ATLANTA GA 30309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1985

3a. Date of Last Report

01/31/1994

4. FEI Number

58-1293037

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. 198.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NIX, I. LEWIS
STREET ADDRESS	1382 PEACHTREE STREET NE
CITY - ST - ZIP	ATLANTA GA
TITLE	VD
NAME	SWORDS, P. GARY
STREET ADDRESS	1382 PEACHTREE STREET NE
CITY - ST - ZIP	ATLANTA GA
TITLE	CSD
NAME	MANN, HENRY A.
STREET ADDRESS	1382 PEACHTREE STREET NE
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	AYNSLEY, STUART
STREET ADDRESS	1382 PEACHTREE STREET NE
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	JOHNSON, DAVID C.
STREET ADDRESS	1382 PEACHTREE STREET NE
CITY - ST - ZIP	ATLANTA GA
TITLE	VP
NAME	CADRECHA, MANUEL
STREET ADDRESS	1382 PEACHTREE ST, NE
CITY - ST - ZIP	ATLANTA GA

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. Lewis Nix, President

6-12-95

(Date)

(404) 873-2300

(Telephone Number)