

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P07417

(9)

1. Corporation Name
BLUE CIRCLE INC.



Principal Place of Business
TWO PARKWAY CENTER
1800 PARKWAY PLACE, SUITE 1200
MARIETTA GA 30067

Mailing Address
TWO PARKWAY CENTER
1800 PARKWAY PLACE, SUITE 1200
MARIETTA GA 30067-8200

3. Date Incorporated or Qualified
09/16/1985

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

22-2452187

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

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GENTLES, GARY	
STREET ADDRESS	1800 PKWY PL, STE. 1200	
CITY - ST - ZIP	MARIETTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEMPH, F.J.	
STREET ADDRESS	1800 PKWY PL, STE. 1200	
CITY - ST - ZIP	MARIETTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EASTIN, L. RAYMOND	
STREET ADDRESS	1800 PKWY PL, STE. 1200	
CITY - ST - ZIP	MARIETTA GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROEBUCK, JAMES W.	
STREET ADDRESS	1800 PKWY PL, STE. 1200	
CITY - ST - ZIP	MARIETTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCLENDON, PHIL	
STREET ADDRESS	1800 PKWY PL, STE. 1200	
CITY - ST - ZIP	MARIETTA GA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FABACHER, BRIAN	
STREET ADDRESS	1800 PKY. PL. STE. #1200	
CITY - ST - ZIP	MARIETTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Janet E. Stephens
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

Janet E. Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (770) 423-4700
Date Daytime Phone #

CR2E034 (9/96)