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 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11053 (6)

1. Corporation Name
AVONDALE MILLS, INC.

Principal Place of Business	Mailing Address
AVONDALE MILLS 900 AVONDALE AVE. SYLACAUGA AL 35150-1899	AVONDALE MILLS 900 AVONDALE AVE. SYLACAUGA AL 35150-1899

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1986
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 63-0936782 ☐ 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 In 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 _____ DATE
Signature, typed or printed name of registered agent and the date. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	FELKER, G. STEPHEN	12 NAME	
STREET ADDRESS	P. O. BOX 1109 NA	13 STREET ADDRESS	100001522261
CITY ST ZIP	MONROE GA	14 CITY ST ZIP	-06/23/95--01079--025
TITLE	T	21 TITLE	****208.75 ☐ Change ☐ Addition
NAME	LIVINGSTON, LORTON S.	22 NAME	
STREET ADDRESS	900 AVONDALE AVE.	23 STREET ADDRESS	
CITY ST ZIP	SYLACAUGA AL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOWARD, HARRY C.	32 NAME	
STREET ADDRESS	191 PEACHTREE STREET NE, STE 4900	33 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	MAYPOLE, JOHN	42 NAME	CALLAWAY, KENNETH N.
STREET ADDRESS	157 LAKE DR.	43 STREET ADDRESS	2 OLIVE STREET
CITY ST ZIP	MOUNTAIN LAKES NJ	44 CITY ST ZIP	NEWNAN, GA 30263
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	CROTTY, PAUL R.	52 NAME	LONGINO, C. LINDEN
STREET ADDRESS	200 PARK AVE 21ST FL	53 STREET ADDRESS	25 PARK PLACE
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	ATLANTA, GA 30303
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STEVENS, JOHN P.	62 NAME	
STREET ADDRESS	191 PEACHTREE ST NE	63 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	64 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)(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 the 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: Lorton S. Livingston (205) 249-1200
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LORTON S. LIVINGSTON, JR. TREASURER

0487340 FN