

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P12076** (6)
1. Corporation Name
SOLOMONS COMPANY, INCORPORATED IN GEORGIA

Principal Place of Business

42 ROSS ROAD
SAVANNAH GA 31405

Mailing Address

42 ROSS ROAD
SAVANNAH GA 31405



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 11/12/1986	3a. Date of Last Report 04/10/1995
4. FEI Number 58-0434020	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMONS, PHILIP SR.	1.2 NAME	
STREET ADDRESS	5 MAD ANTHONY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMONS, PHILIP JR.	2.2 NAME	
STREET ADDRESS	31 EAST 49TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, GEORGE H J R.	3.2 NAME	
STREET ADDRESS	655 METRO PLACE S., STE. 925	3.3 STREET ADDRESS	5555 GLENDON COURT
CITY-ST-ZIP	DUBLIN OH	3.4 CITY-ST-ZIP	DUBLIN OH 43016
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMER, THOMAS S	4.2 NAME	
STREET ADDRESS	655 METRO PLACE S., STE. 925	4.3 STREET ADDRESS	5555 GLENDON COURT
CITY-ST-ZIP	DUBLIN OH	4.4 CITY-ST-ZIP	DUBLIN OH 43016
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, ROBERT D	5.2 NAME	
STREET ADDRESS	655 METRO PLACE S., STE. 925	5.3 STREET ADDRESS	5555 GLENDON COURT
CITY-ST-ZIP	DUBLIN OH	5.4 CITY-ST-ZIP	DUBLIN OH 43016
TITLE		6.1 TITLE	VICE PRESIDENT, TAXES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GLENN L MARTIN
STREET ADDRESS		6.3 STREET ADDRESS	5555 GLENDON COURT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DUBLIN OH 43016

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, TAXES

Date

Daytime Phone #

CR2E034 (12/95)