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Mar 12 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 # 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 31405-1661

3. Date Incorporated or Qualified 11/12/1986
3a. Date of Last Report 04/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 5555 Glendon Court

58-0434020

Not Applicable

22 City & State

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 City & State

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 43016 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 of Registered Agent required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO ☐ DELETE
NAME SOLOMONS, PHILIP SR.
STREET ADDRESS 5 MAD ANTHONY LANE
CITY, ST, ZIP SAVANNAH GA
TITLE P ☐ DELETE
NAME SOLOMONS, PHILIP JR.
STREET ADDRESS 31 EAST 49TH STREET
CITY, ST, ZIP SAVANNAH GA
TITLE S ☐ DELETE
NAME BENNETT, GEORGE H J R.
STREET ADDRESS 5555 GLENDON CT
CITY, ST, ZIP DUBLIN OH
TITLE T ☐ DELETE
NAME SUMMER, THOMAS S
STREET ADDRESS 5555 GLENDON CT
CITY, ST, ZIP DUBLIN OH
TITLE D ☐ DELETE
NAME WALTER, ROBERT D
STREET ADDRESS 5555 GLENDON CT
CITY, ST, ZIP DUBLIN OH
TITLE VP ☐ DELETE
NAME MARTIN, GLENN L
STREET ADDRESS 5555 GLENDON CT
CITY, ST, ZIP DUBLIN OH

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 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: Glenn L Martin VP-Taxes 2-27-97 (604) 717-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)