

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P12666 (4)

1. Corporation Name

II MORROW INC.



Principal Place of Business

55 NE GLENLAKE PKWY
ATLANTA GA 30328
US

Mailing Address

PO BOX 28606
ATLANTA GA 30358
US

3. Date Incorporated or Qualified 12/23/1986
3a. Date of Last Report 04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 55 GLENLAKE PARKWAY, NE.,

26 P. O. BOX 28606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ATLANTA, GA

28 ATLANTA, GA

Zip

Country

Zip

Country

24 30328

25

US

29 30328

30

US

4. FEI Number

93-0805401

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME NELSON, KENT C.
STREET ADDRESS 55 NE GLENLAKE PKWY
CITY-ST-ZIP ATLANTA GA

TITLE DT ☐ DELETE

NAME CLANIN, ROBERT J.
STREET ADDRESS 55 NE GLENLAKE PKWY
CITY-ST-ZIP ATLANTA GA

TITLE AST ☐ DELETE

NAME PICA, EUGENE A.
STREET ADDRESS 55 NE GLENLAKE PKWY
CITY-ST-ZIP ATLANTA GA

TITLE AS ☐ DELETE

NAME AGRESTA, MAURICE M.
STREET ADDRESS 55 NE GLENLAKE PKWY
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: KB

EUGENE A. PICA

4-24-96

404 - 828 - 4519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)