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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P13330** **(6)**

1. Corporation Name
GRESHAM & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 927 STOCKBRIDGE GA 30281 US	P.O. BOX 927 STOCKBRIDGE GA 30281-0927 US

3. Date Incorporated or Qualified: 02/20/1987
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 ONE GRESHAM LANDING
Suite, Apt. #, etc.
22
City & State
23 STOCKBRIDGE GA
Zip 24 30281 Country 25

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

4. FEI Number: 58-1367775 ☐ 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

CORNWELL, DEBBIE
7108 FAIRWAY DR., SUITE 130
PALM BCH.GARDENS FL 33418

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRESHAM, JAMES A.		1.2 NAME	
STREET ADDRESS	ONE GRESHAM LANDING		1.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRESHAM, GAIL S.		2.2 NAME	
STREET ADDRESS	ONE GRESHAM LANDING		2.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ABERNATHY, GEORGE		3.2 NAME	
STREET ADDRESS	ONE GRESHAM LANDING		3.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA		3.4 CITY-ST-ZIP	
TITLE	CEOD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRESHAM, JAMES V		4.2 NAME	
STREET ADDRESS	ONE GRESHAM LANDING		4.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

PW 5-8-97

BK Dep# 1165 00

CR2E034 (9/96)

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 added above.

SIGNATURE: _____ President 4/11/97 770-389-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013384