

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Curtis B. Moseley
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAR -2 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13493 (2)

1. Corporation Name

FLASH HOLDING COMPANY

Principal Place of Business

102 LEE AVE.
P.O. BOX 2149
WAYCROSS GA 31502

Mailing Address

102 LEE AVE.
P.O. BOX 2149
WAYCROSS GA 31502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/06/1987

3a. Date of Last Report

04/11/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-1484387

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

BURGESS, GRANVILLE C.
303 CENTRE STREET, STE. 200
FERNANDINA BEACH FL 32034

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 the corporation.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
WALKER, JAMES A. JR.
RIVER OAKS DR.
BLACKSHEAR GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
WYSONG, PHIL
1304 ST. MARYS AVENUE
WAYCROSS GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JONES, J.C. JR.
BENT TREE CIRCLE
BLACKSHEAR GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JONES, CAROLE
BENT TREE CIRCLE
BLACKSHEAR GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JONES, J.C., III
WOOD DUCK DR.
WAYCROSS GA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JONES, PATRICK
SEMINOLE SPRINGS RD
WAYCROSS GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

C
CENTRAL AVE. EXTENSION

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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)(b), 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 007, 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 REGISTERING OFFICER OR DIRECTOR

2/20/95

912-283-1661