

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 03/06/1987  
 3a. Date of Last Report: 03/02/1995  
 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 607.1008, 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 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> DELETE |
| NAME           | WALKER, JAMES A. JR.  |                                 |
| STREET ADDRESS | RIVER OAKS DR.        |                                 |
| CITY-STATE-ZIP | BLACKSHEAR GA         |                                 |
| TITLE          | STD                   | <input type="checkbox"/> DELETE |
| NAME           | WYSONG, PHIL          |                                 |
| STREET ADDRESS | 1304 ST. MARYS AVENUE |                                 |
| CITY-STATE-ZIP | WAYCROSS GA           |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | JONES, J.C. JR.       |                                 |
| STREET ADDRESS | BENT TREE CIRCLE      |                                 |
| CITY-STATE-ZIP | BLACKSHEAR GA         |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | JONES, CAROLE         |                                 |
| STREET ADDRESS | BENT TREE CIRCLE      |                                 |
| CITY-STATE-ZIP | BLACKSHEAR GA         |                                 |
| TITLE          | C                     | <input type="checkbox"/> DELETE |
| NAME           | JONES, J.C., III      |                                 |
| STREET ADDRESS | CENTRAL AVE EXTENSION |                                 |
| CITY-STATE-ZIP | WAYCROSS GA           |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | JONES, PATRICK        |                                 |
| STREET ADDRESS | SEMINOLE SPRINGS RD   |                                 |
| CITY-STATE-ZIP | WAYCROSS GA           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE          |   |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE          |   |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE          |   |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE          |   |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE          |   |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-STATE-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: *Phil Wysong* PHIL WYSONG  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 912-288-1661  
 Date Printed

CR2E034 (12/95)