

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 # P14572 (2)

1. Corporation Name

FAMBROUGH AND NIX, INC.



Principal Place of Business

2291 PLUNKETT RD.
P O BOX 1377
CONYERS GA 30209

Mailing Address

2291 PLUNKETT RD.
P O BOX 1377
CONYERS GA 30209

3. Date Incorporated or Qualified

05/22/1987

3a. Date of Last Report

06/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

30207

25

29

30207

30

4. FEI Number

58-1036578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME FAMBROUGH, LOWELL D.
STREET ADDRESS 2431 LAKE CAPRI DRIVE
CITY-STATE-ZIP LITHONIA GA

TITLE S ☐ DELETE

NAME SAVAGE, ANNE M.
STREET ADDRESS 1474 DIXIE RD.
CITY-STATE-ZIP COVINGTON GA

TITLE V ☐ DELETE

NAME SALEHMOHAMED, HUSEIN
STREET ADDRESS 1483 REAGAN CIRCLE
CITY-STATE-ZIP CONYERS GA

TITLE V ☐ DELETE

NAME MOUSA, RICK
STREET ADDRESS 680 ASHLEY FOREST DR.
CITY-STATE-ZIP ACWORTH GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1970 PORT ARMOUR DRIVE
1.4 CITY-STATE-ZIP GREENSBORO, GA 30642

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 582 JACKSON LAKE INN ROAD
2.4 CITY-STATE-ZIP JACKSON, GA 30233

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 4775 RIVERSOUND DRIVE
4.4 CITY-STATE-ZIP LITHONIA, GA 30058

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Anne M. Savage* (ANNE M. SAVAGE, SECRETARY)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

770-922-0300

Daytime Phone #

CR2E034 (12/95)