FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

* PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14572** (2) FAMBROUGH AND NIX, INC. Principal Place of Business Mailing Address 2291 PLUNKETT RD. 2291 PLUNKETT RD. P O BOX 1377 P O BOX 1377 CONYERS GA 30207 CONYERS GA 30207-1377 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1987 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1036578 Not Applicable 21 Suite Apt # eta Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 85 Zio 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE greater print of manyers' may from a select and title if applicable. (NOTE_Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) Change Addition ___ DELETE 1.1 TITLE me FAMBROUGH, LOWELL D. NAMA 1.2 NAME **CR2E034** 1970 PORT ARMOUR DR STREET ADDRESS 1.3 STREET ADDRESS GREENSBORO GA 1.4 CITY - ST - ZIP OPM-ST ZP Š DELETE Change Addition Diffile 21 TITLE SAVAGE, ANNE M. NAME 22 NAME 582 JACKSON LAKE INN RD 2.3 STREET ADDRESS STREET ADDRESS JACKSON GA 2 4 City-St-ZIP City-St-7P DELETE Change Addition 3.1 TITLE 1714 SALEHMOHAMED, HUSEIN NAME 3.2 NAME 1483 REAGAN CIRCLE STEFF LATURESS 3.3 STREET ADDRESS **CONYERS GA** 3.4. CITY - ST - ZIP OTY-ST ZIE DELETE Addition THEF 4.1 TITLE MOUSA, RICK NAME 4 2 NAME **4775 RIVERSOUND DR** STREET ACCORESS 4.3 STREET ADDRESS LITHONIA GA 4.4 CITY-ST-ZIP C 15 - S1 - ZiP Change Addition DELETE 5.1 TITLE TITLE FAULKNER, JIM 1488 RIDGE FOINT DR.NW 5.2 NAME NAM: STREET ADDRESS 5.3 STREET ADDRESS LAWRENCEVILLE, GA 80243 CEEY ST 761 5.4 CITY - ST - 2/P DELETE Change Addition 111.6 6 1 TITLE

64 CITY-ST-ZIP

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 is a patient on 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 12 in Block 12 or Block 12 in Block 12 or Block 13 in Changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAM

STREET ADDRESS

WILL D. - HAM WHOLEN OF DIRECTOR

2/25/97 770-922-0300

FILED

Feb 28 1997 8:00am

Secretary of State