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Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
2291 PLUNKETT RD.
P O BOX 1377
CONYERS GA 30207
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/22/1987
4. FEI Number
58-1036578
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CM	1.1 TITLE	
NAME	FAMBROUGH, LOWELL D.	1.2 NAME	
STREET ADDRESS	1970 PORT ARMOUR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO GA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	SAVAGE, ANNE M.	2.2 NAME	
STREET ADDRESS	582 JACKSON LAKE INN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON GA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	FAULKNER, JIM	3.2 NAME	
STREET ADDRESS	1458 RIDGE POINT DR NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	MOUSA, RICK	4.2 NAME	
STREET ADDRESS	4775 RIVERSOUND DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITHONIA GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

CR2E034 (10/97)