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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

205/328-4000

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14626

(6)

Mailing Address

BRASFIELD & GORRIE, INC.

| 729 SOUTH 30TH STREET P.O. BOX 10383 BIRMINGHAM AL 35233-2907 | | 729 SOUTH 30TH STREET P.O. BOX 10383 BIRMINGHAM AL 35233-2907 | | | | 3. Date Incorporated or Qualified 3a. Date of Last Rep | ort | | |
|---|--|--|---------------------------------------|---|-------------|--|-----------------------|--|--|
| | | | | | | 05/28/1987 02/16/1996 | | | |
| 2. Principal F | Nace of Business | 2a. Mailing Address | | | | 4. FEI Number Appli | ied For | | |
| 21 | | 26 | | | | 63-0494223 Not A | Applicable | | |
| Suite, Apt | | Suite, Apt. #, etc. | | | | | Fee Required | | |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing \$5.00 M | ay Be | | |
| 23 | 6. | 28 | T . | <u> </u> | | Trust Fund Contribution | Fees | | |
| Zip 24] | Country | Zip | h1 | intry | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24] | 25 9. Name and Address of Curre | 29 nt Boolstored Asset | 30 | r | | Florida Statutes Yes No | | | |
| | | nic negistered Agent | · · · · · · · · · · · · · · · · · · · | 81 | Name | 10. Name and Address of New Registered Agent | | | |
| | CORPORATION SYSTEM | | | ` | Hame | | | | |
| | O S. PINE ISLAND ROAD | | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) | | | |
| PLA | INTATION FL 33324 | | 83 | | | | | | |
| | | | | 83 | | | | | |
| | | | | 84 | City | B5 Zip Co | de | | |
| dd D | 1. N | 10074600 5: 11 0 | | | | FL S Z C | | | |
| office or i agent 1 a | registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Such change was lattions of, Section 607.0505, Fl | authorize lorida Sta | d by lutes | the cor | ed corporation submits this statement for the purpose of changing its r orporation's board of directors. I hereby accept the appointment as re- | egistered gistered | | |
| SIGNATURE | Signored Typon or princid hared of egisternd ag | Alexander of the state of the s | 72 Day | 4.0 | | ture required when reinstating) DATF | | | |
| 12. | | ID DIRECTORS | 13. | a Age | nt signatur | DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | INI 12 | | |
| TITLE | PT | DELETE | 1.1 71 | TLE | | | Addition | | |
| NAV: | GORRIE, M. M. | | 1.2 N | | | and a language | | | |
| STREET ADDRESS | 54 COUNTRY CLUB BLVD | | | | ADDRESS | | | | |
| CITY-S1-7IP | BIRMINGHAM AL | | | | | 3 | | | |
| TIRE | VP □ DELETE | | | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change | Addition | | |
| NAME | DARNALL, JOHN P | | | 22 NAME | | | 7.000,700 | | |
| STREET ADDRESS | 16 PINE CREST ROAD | | | | AUUDECC | c | | | |
| CITY-ST-ZIP | BRIMINGHAM AL | | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | 3 | | | |
| 101.E | VP DELETE | | | 31 TITLE | | Change | Addition | | |
| NAME | LAVE DIRECTO | | | 32 NAME | | Chango (| | | |
| STREET ADDRESS | 252 WESTCHESTER DRIVE | | | 33 STREET ADDRESS | | e | | | |
| CITY-S1-ZIP | BIRMINGHAM AL | | | | | 3 | | | |
| Title | VP | · · | | 34. CITY-ST-ZIP | | Vice Provident Change | X Addition | | |
| NAME | HARBISON, JAMES C | 7, | | | | vice President | -A POOLEDII | | |
| STREET ADDRESS | 7073 MOUNTAIN VIEW DRIVE | | | | *DD0500 | John R. Mills | | | |
| | PINSON AL | | | | ADDRESS | 329 Green Oak Court | | | |
| CITY-ST-ZIP TITLE | S | DELETE | | 4.4 CITY-ST-ZIP 5.1 TITLE | | Longwood, FL 32779 Change | Addition | | |
| NAME | POWELL, IMOGENE | E DESCRE | | NAME | | Change [| AWUIRUII | | |
| STREET ADDRESS | 729 SOUTH 30TH STREET | | | 5.3 STREET ADDRESS 5.4 City - St - Zip | | | | | |
| | | | 1 | | | 5 | | | |
| CITY-ST-707 | PRINTER PART AT | DELETE | 54 C | | - ZIP | Change | Addition | | |
| | | L) DECERT | | | | | AUUIIIUII | | |
| NAME Crocci Apprilio | | | 62 N | | LODOTOS | | | | |
| STREET ADDRESS | | | | | ADDRESS | s | | | |
| 14 Leio horo | by cort to that the information a malic | of with this filing does not such | 640 | | | Lostated in Section 119.07(3)(i), Florida Statutes. I further certify that the | | | |
| informatio | on indicated on this annual report or s | supplemental annual report is : | true and a | CCL | rate and | nd that my signature shall have the same legal effect as if made under | r nath: that | | |
| i am an d appears i | ifficer or director of the corporation of in Block 12 or Block /3 if changed, o | r me receiver or trustee empoy ir on an altachment with an ad | wered to e dress. | xecı | ute this | s report as required by Chapter 607, Florida Statutes; and that my nan | ne | | |