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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P15585** **(3)**

1. Corporation Name

THE BYRNE CORPORATION OF GEORGIA

Principal Place of Business	Mailing Address
ADMINISTRATION BUILDING BIG CANOE GA 30143	ADMINISTRATION BUILDING BIG CANOE GA 30143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/13/1987**
3a. Date of Last Report: **08/25/1994**

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:

4. FEI Number: **57-0848328** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	11 TITLE	C	☒ Change ☐ Addition
NAME	MCSHANE, J. MICHAEL	12 NAME	William J. Byrne	
STREET ADDRESS	315 WOODLAKE COURT	13 STREET ADDRESS	591 Big Canoe	
CITY ST ZIP	ALPHARETTA GA	14 CITY ST ZIP	Big Canoe, GA 30143	
TITLE	S	21 TITLE	P	☐ Change ☒ Addition
NAME	GRIFFIN, CARY S.	22 NAME	James R. Brandimarte	
STREET ADDRESS	5 FLOTILLA	23 STREET ADDRESS	591 Big Canoe	
CITY ST ZIP	HILTON HEAD ISL. SC	24 CITY ST ZIP	Big Canoe, GA 30143	
TITLE	D	31 TITLE	S	☒ Change ☐ Addition
NAME	BYRNE, WILLIAM J.	32 NAME	Cary S. Griffin	
STREET ADDRESS	744 CONWAY GLEN	33 STREET ADDRESS	591 Big Canoe	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	Big Canoe, GA 30143	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	Nancy G. Zak	
STREET ADDRESS		43 STREET ADDRESS	591 Big Canoe	
CITY ST ZIP		44 CITY ST ZIP	Big Canoe, GA 30143	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST 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)(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.

SIGNATURE: _____ 4/24/95 706-268-3333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED — DATE — Daytime Phone #

0399912 FP