

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # P15622 (4)

1. Corporation Name

BOWNE OF ATLANTA, INC.

Principal Place of Business

1570 NORTHSIDE DRIVE
ATLANTA GA 30318

Mailing Address

1570 NORTHSIDE DRIVE
ATLANTA GA 30318



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROSS, JEREMY P.
BUSH, ROSS, GARDNER, WARREN & RUDY
220 SOUTH FRANKLIN
TAMPA FL 33602

3. Date Incorporated or Qualified

08/18/1987

3a. Date of Last Report

04/18/1995

4. FEI Number

58-1665019

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

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 filer (Applicable)

(NOTE: Registered Agent Signature requires witness consent)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SMITH, REED
STREET ADDRESS 1570 NORTHSIDE DRIVE
CITY-ST-ZIP ATLANTA GA

TITLE VD ☐ DELETE

NAME YOUNG, TOMMY M.
STREET ADDRESS 1570 NORTHSIDE DRIVE
CITY-ST-ZIP ATLANTA GA

TITLE VD ☐ DELETE

NAME MORROW, JOSEPH R.
STREET ADDRESS 1001 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL

TITLE C ☐ DELETE

NAME CASTILANO, JAMES A.
STREET ADDRESS 1570 NORTHSIDE DRIVE
CITY-ST-ZIP ATLANTA GA

TITLE CS ☐ DELETE

NAME BAUER, DOUGLAS F.
STREET ADDRESS 345 HUDSON ST.
CITY-ST-ZIP NEW YORK NY

TITLE VPF ☐ DELETE

NAME O'NEIL, JAMES P.
STREET ADDRESS 345 HUDSON ST
CITY-ST-ZIP NEW YORK NY

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

(404)350-2000

Date Time Phone #

CR2E034 (12/95)