

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 19, 1996 08:00 AM
Secretary of State

DOCUMENT # **P17793** (1)

1. Corporation Name
LOCKWOOD & HOLMES, INC.



Principal Place of Business: **ONE CORPORATE SQUARE SUITE 110 ATLANTA GA 30329**
Mailing Address: **ONE CORPORATE SQUARE SUITE 110 ATLANTA GA 30329**

3. Date Incorporated or Qualified: **01/27/1988**
3a. Date of Last Report: **12/01/1995**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **58-1147879**
Applied For:

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

City & State: 27

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

City & State: 28

Zip: 24, 25 Country: 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, JACQUELINE A.
7660 PHILLIPS HIGHWAY
STE. 14
JACKSONVILLE FL 32256**

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 607.060 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 obligation of, Section 607.0509, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD LOCKWOOD, SANDRA N. 2342 ARMAND ROAD, NE ATLANTA GA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VTD ROGERS, KAREN A. 2342 ARMAND ROAD, NE ATLANTA GA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CREED, LINCOLN J. 1883 HEADLAND DRIVE ATLANTA GA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LOCKWOOD, RUBY N. 618 2ND ST., SE MOULTRIE GA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changes, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)