

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
96 MAR -5

DOCUMENT # **P22522** (7)
1. Corporation Name
OSGOOD & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **60 PEACHTREE PARK DRIVE ATLANTA GA 30309**
Mailing Address: **60 PEACHTREE PARK DRIVE ATLANTA GA 30309**

3. Date Incorporated or Qualified 01/11/1989	3a. Date of Last Report 09/26/1995
4. FEI Number 58-1757024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 **The Prentice Hall Corporation System, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1201 Hays Street**
84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.
**The Prentice Hall Corporation System, Inc.
Judith S. Blancett, Asst. Sec. 2/13/96**

SIGNATURE *Judith S. Blancett*
Typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent Signature required when reappointing
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST OSGOOD, GWEN G 60 PEACHTREE PARK DRIVE ATLANTA GA 30309 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT LYSETT, MARK R 60 PEACHTREE PARK DRIVE ATLANTA GA 30309 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAUGHAN, PAULA 60 PEACHTREE PARK DRIVE ATLANTA GA 30309 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

20000107238442 -03/05/96--01126--003 *****200.00 *****200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20000107238442 -03/05/96--01126--004 *****8.75 *****8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Assoc. Vice President Smith, Mitchell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
60 Peachtree Park Drive Atlanta, Georgia 30309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1 or Block 13 if checked, or on an attachment with an address.

SIGNATURE *Gwen Osgood* **Gwen Osgood, President** 2/21/96 (404 605-8650)
Typed or printed name of officer or director Date Telephone #

CR2E034 (12/95)

2/13/96