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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P23186** (0)

1. Corporation Name  
**COUCH, INC.**



Principal Place of Business

Mailing Address

**381 TWITCHELL ROAD  
DOTHAN AL 36303  
US**

**P.O. BOX 8888  
DOTHAN AL 36304  
US**

3. Date Incorporated or Qualified  
**02/28/1989**

3a. Date of Last Report  
**03/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 title in application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TORRENCE, SAMUEL M.</b>	
STREET ADDRESS	<b>381 TWITCHELL RD</b>	
CITY-STATE-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLLIE, ROGER L.</b>	
STREET ADDRESS	<b>9115 CANBERLY DRIVE</b>	
CITY-STATE-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, JANE L.</b>	
STREET ADDRESS	<b>381 TWITCHELL RD</b>	
CITY-STATE-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EIDSON, WAYNE E.</b>	
STREET ADDRESS	<b>381 TWITCHELL RD</b>	
CITY-STATE-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, CHARLES E</b>	
STREET ADDRESS	<b>1114 HILLBROOK RD</b>	
CITY-STATE-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>WARE, S. JACKSON</b>	
STREET ADDRESS	<b>381 TWITCHELL RD</b>	
CITY-STATE-ZIP	<b>DOTHAN AL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VTD</b>
4.3 STREET ADDRESS	<b>PALMER, R. ALAN</b>
4.4 CITY-STATE-ZIP	<b>381 Twitchell Road Dothan, AL 36303</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

*S. Jackson Ware*

**S. JACKSON WARE**

**3/5/96**

**334-794-2631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)