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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P24836** **(9)**

1. Corporation Name
ANGEL MARKETING & ADVERTISING, INC.

Principal Place of Business	Mailing Address
6460 WARREN DRIVE NORCROSS GA 30093	6460 WARREN DRIVE NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/19/1989	07/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	58-1594899	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
NAME	JACKSON, J.R.	12 NAME	J. LYNN JACKSON	
STREET ADDRESS	6460 WARREN DRIVE	13 STREET ADDRESS	6460 WARREN DRIVE	
CITY-ST-ZIP	NORCROSS GA	14 CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	HOLMES, LINDA	22 NAME		
STREET ADDRESS	932 DEVON COURT	23 STREET ADDRESS		
CITY-ST-ZIP	LILBURN GA	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	JACKSON, C.S.	32 NAME		
STREET ADDRESS	5788 WILLIAMS ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA	34 CITY-ST-ZIP		
TITLE		41 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		42 NAME	R.L. JACKSON	
STREET ADDRESS		43 STREET ADDRESS	6460 WARREN DRIVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	NORCROSS GA 30093	
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: J. Lynn Jackson J. LYNN JACKSON 4/13/95 (404) 263-0490
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DATE) (DAYTIME PHONE #)

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