

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26954** (8)

1. Corporation Name
GEORGIA OXFORD INDUSTRIES, INC.

Principal Place of Business Mailing Address
222 PIEDMONT AVENUE, NE ATLANTA GA 30308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/17/1989** 3a. Date of Last Report **04/18/1994**

4. FEI Number **58-0831862** 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** 1,032.

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

NOTE: Must be signed by one of listed officers.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street
83
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LANIER, J. HICKS
STREET ADDRESS 222 PIEDMONT AVENUE, NE
CITY-ST-ZIP ATLANTA GA

TITLE V
NAME LEE, R. WILLIAM, JR.
STREET ADDRESS 222 PIEDMONT AVENUE, NE
CITY-ST-ZIP ATLANTA GA

TITLE S
NAME GINN, DAVID K.
STREET ADDRESS 222 PIEDMONT AVENUE, NE
CITY-ST-ZIP ATLANTA GA

TITLE T
NAME WOLD, JAMES W.
STREET ADDRESS 222 PIEDMONT AVENUE, NE
CITY-ST-ZIP ATLANTA GA

TITLE D
NAME BLOUNT, BEN B., JR.
STREET ADDRESS 222 PIEDMONT AVENUE, NE
CITY-ST-ZIP ATLANTA GA

TITLE D
NAME CONLEE, CECIL D.
STREET ADDRESS 222 PIEDMONT AVENUE, NE
CITY-ST-ZIP ATLANTA GA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **V/D** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **V/D** Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE:

David K. Ginn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95
DATE

404 653 1460
TELEPHONE NUMBER