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

DOCUMENT # **P27524** **(8)**

1. Corporation Name

CULPEPPER, EDWARDS & PALMER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 71 **PELHAM GA 31779**	**P.O. BOX 71** **PELHAM GA 31779**

3. Date Incorporated or Qualified: **12/29/1989**

3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

23

28

Zip — 24 | Country — 25

Zip — 29 | Country — 30

4. FEI Number: **58-1410769** ☐ Applied For ☐ Not Applicable

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

Trust Fund Contribution ☐ Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0505 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 _____ DATE

Signature, typed or printed name of registered agent, and title, if applicable — Name of Registered Agent Signature received when following

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT/TREASURER ☒ Change ☐ Addition
NAME	EDWARDS, H.S.		1.2 NAME	HOYT PALMER
STREET ADDRESS	180 GREEN STREET, E		1.3 STREET ADDRESS	612 MEADOWLARK Drive
CITY-ST-ZIP	PELHAM GA		1.4 CITY-ST-ZIP	ALBANY GA 31708
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRES./SECRETARY ☒ Change ☐ Addition
NAME	PALMER, HOYT		2.2 NAME	JAMES K. CRAFT
STREET ADDRESS	612 MEADOWLARK DR.		2.3 STREET ADDRESS	1526 Westwood Drive
CITY-ST-ZIP	ALBANY GA		2.4 CITY-ST-ZIP	ALBANY GA 31707
TITLE	SD	☒ DELETE	3.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	EDWARDS, HARVEY M.		3.2 NAME	HARVEY M. EDWARDS
STREET ADDRESS	116 TUXEDO DRIVE		3.3 STREET ADDRESS	207 E. WASHINGTON St
CITY-ST-ZIP	THOMASVILLE GA		3.4 CITY-ST-ZIP	Thomasville GA
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	000001928328 ☐ Change ☐ Addition
NAME			5.2 NAME	-08/21/96--01052--005
STREET ADDRESS			5.3 STREET ADDRESS	***25.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	600001928328 ☐ Change ☐ Addition
NAME			6.2 NAME	-08/21/96--01052--006
STREET ADDRESS			6.3 STREET ADDRESS	***200.00
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)(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: Hoyt Palmer PRESIDENT 5-15-96 912-294-2771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05/21/96

CR2E034 (12/95)