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 # **P34469** **(7)**

1. Corporation Name

FRANZMAN/DAVIS & ASSOCIATES, LTD., INC.

Principal Place of Business	Mailing Address
2675 CUMBERLAND PARKWAY SUITE 150 ATLANTA GA 30339	2675 CUMBERLAND PARKWAY SUITE 150 ATLANTA GA 30339

3. Date Incorporated or Qualified: **06/19/1991**

3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business — 21: —
Suite, Apt. #, etc. — 22: —
City, & State — 23: —
Zip — 24: — Country — 25: —

2a. Mailing Address — 26: —
Suite, Apt. #, etc. — 27: —
City & State — 28: —
Zip — 29: — Country — 30: —

4. FEI Number: **58-1456339** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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

LEE, JOSEPH L.
639 E OCEAN AVE
SUITE 306
BOYNTON BEACH FL 33435

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 607.0502 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 of new registered agent required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRANZMAN, CHARLES A.		1.2 NAME		
STREET ADDRESS	677 LONGSTREET DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		Change ☐ Addition
NAME	DAVIS, RICHARD L.		2.2 NAME		
STREET ADDRESS	1052 FORESTSTONE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		2.4 CITY-ST-ZIP		
TITLE	VTS	☐ DELETE	3.1 TITLE	V/T/S/D	☒ Change ☐ Addition
NAME	O'HARA, JEANNIE M.		3.2 NAME	O'HARA, JEANNIE M.	
STREET ADDRESS	620 ASHLEY FOREST DR.		3.3 STREET ADDRESS	620 ASHLEY FOREST DR.	
CITY-ST-ZIP	ACWORTH GA		3.4 CITY-ST-ZIP	ACWORTH GA	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'HARA, JEANNIE M.		4.2 NAME		
STREET ADDRESS	620 ASHLEY FOREST DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ACWORTH GA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	CROWE,JR., ARTHUR L.	
STREET ADDRESS			5.3 STREET ADDRESS	567 COLSTON RD. SE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MARIETTA, GA	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Jeannie M. O'Hara 2/15/96 770-432-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeannie M. O'Hara