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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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
2675 CUMBERLAND PARKWAY
SUITE 150
ATLANTA GA 30339

Mailing Address
2675 CUMBERLAND PARKWAY
SUITE 150
ATLANTA GA 30339-3912

3. Date Incorporated or Qualified **06/19/1991**
3a. Date of Last Report **02/22/1996**

2. Principal Place of Business
21
Street, 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDC	☐ DELETE	1.1 TITLE S	☐ Change ☒ Addition
NAME FRANZMAN, CHARLES A.		1.2 NAME ELIZABETH MCLAM	
STREET ADDRESS 677 LONGSTREET DR.		1.3 STREET ADDRESS 2675 CUMBERLAND PKWY	
CITY-ST-ZIP MARIETTA GA		1.4 CITY-ST-ZIP ATLANTA GA 30339	
TITLE D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME CROWE, JR A L		2.2 NAME	
STREET ADDRESS 567 COLSTON ROAD SE		2.3 STREET ADDRESS	
CITY-ST-ZIP MARIETTA GA		2.4 CITY-ST-ZIP	
TITLE VSTD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME O'HARA, JEANNIE M.		3.2 NAME	
STREET ADDRESS 620 ASHLEY FOREST DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP ACWORTH GA		3.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 (9/96)

14. I hereby certify that the information supplied with this filing 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: Charles A. Franzman 2-28-97 770-452-0731

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

0012285