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 MAY -1 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38257** **(2)**

1. Corporation Name
BOYKEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
115 PERIMETER CENTER PLACE. N.E..SUITE 650 ATLANTA GA 30346	115 PERIMETER CENTER PLACE. N.E..SUITE 650 ATLANTA GA 30346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1992**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt # etc 22	Suite Apt # etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **58-1418831** ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH 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 Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOYKEN, DONALD R.	1.2 NAME	
STREET ADDRESS	385 SPINDLE COURT	1.3 STREET ADDRESS	
CITY ST ZIP	DUNWOODY GA	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEBAR, TIMOTHY B.	2.2 NAME	
STREET ADDRESS	417 ASHBOURNE DR	2.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	STUDDARD, LARRY G.	3.2 NAME	
STREET ADDRESS	7150 PEACHTREE DUNWOODY #625	3.3 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	3.4 CITY ST ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	ORNDORFF, CAROL	4.2 NAME	
STREET ADDRESS	1438 HAMPTON GLEN CT	4.3 STREET ADDRESS	
CITY ST ZIP	DECATUR GA	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 reinstatement 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: Larry G. Studdard (Larry G. Studdard) 5.1.95 404.913.1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000447 FP