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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P38257

(2)

1. Corporation Name

BOYKEN & ASSOCIATES, INC.



Principal Place of Business Mailing Address
115 PERIMETER CENTER PLACE, N.E. SUITE 650 115 PERIMETER CENTER PLACE, N.E. SUITE 650
ATLANTA GA 30346 ATLANTA GA 30346-1238

2. Principal Place of Business
21 Boyken & Associates

2a. Mailing Address
26 8800 Roswell Road

3. Date Incorporated or Qualified
04/09/1992

3a. Date of Last Report
12/18/1996

Suite, Apt. #, etc.

22 270

Suite, Apt. #, etc.

27 270

4. FEI Number

58-1418831

Applied For

Not Applicable

City & State
23 Atlanta, GA

City & State
28 Atlanta, GA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip
24 30350

Country
25 USA

Zip
29 30350

Country
30 USA

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME BOYKEN, DONALD R. ☐ DELETE
STREET ADDRESS 535 AVIGNON COURT
CITY-ST-ZIP DUNWOODY GA 30350

TITLE VD
NAME LEBAR, TIMOTHY B. ☐ DELETE
STREET ADDRESS 13105 LAKE BUTLER DRIVE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE VD ☒ DELETE
NAME GREGORY, DAVID
STREET ADDRESS 208 VIRGINIA ROAD
CITY-ST-ZIP DUNWOODY GA 30338

TITLE S ☐ DELETE
NAME ORNDORFF, CAROL
STREET ADDRESS 1438 HAMPTON GLEN CT
CITY-ST-ZIP DECATUR GA

TITLE TD ☐ DELETE
NAME HARRISON, JIM
STREET ADDRESS 8889-A GLENLAKE PARKWAY
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ 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 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:

James H. Harrison CEO/Treasurer

4/15/97 (770)992-3210

CR2E034 (9/96)