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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 9:55

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P38756 (3)

1. Corporation Name
ATLANTA DESIGN ASSOCIATES, INC.

Principal Place of Business
3135 PRESIDENTIAL DR.
ATLANTA GA 30340

Mailing Address
P.O. BOX 80265
CONYERS GA 30208 ✓

3. Date Incorporated or Qualified: 05/12/1992
3a. Date of Last Report: 04/22/1994
4. FEI Number: 58-1722942 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 3095-A Presidential Dr.
Suite, Apt. #, etc. 22
City & State 23 Atlanta, GA
Zip 24 30340 Country 25

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 ____ (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1 1 TITLE	☑ Change ☐ Addition
NAME	KIRKUS, GARY	1 2 NAME	
STREET ADDRESS	2655 BOND LAKE RD.	1 3 STREET ADDRESS	3095-A Presidential Dr
CITY-ST-ZIP	LITHONIA GA	1 4 CITY-ST-ZIP	Atlanta, GA 30340
TITLE	VCV	2 1 TITLE	☑ Change ☐ Addition
NAME	LOWERY, GARY	2 2 NAME	
STREET ADDRESS	3135 PRESIDENTIAL DR.	2 3 STREET ADDRESS	3095-A Presidential Dr.
CITY-ST-ZIP	ATLANTA GA 30340	2 4 CITY-ST-ZIP	Atlanta, GA 30340
TITLE	ST	3 1 TITLE	☑ Change ☐ Addition
NAME	KIRKUS, PATRICIA	3 2 NAME	
STREET ADDRESS	2655 BOND LAKE RD.	3 3 STREET ADDRESS	3095-A Presidential Dr
CITY-ST-ZIP	LITHONIA GA	3 4 CITY-ST-ZIP	Atlanta, GA 30340
TITLE	D	4 1 TITLE	☑ Change ☐ Addition
NAME	STILL, DON	4 2 NAME	
STREET ADDRESS	3135 PRESIDENTIAL DR.	4 3 STREET ADDRESS	3095-A Presidential Dr
CITY-ST-ZIP	ATLANTA GA 30340	4 4 CITY-ST-ZIP	Atlanta, GA 30340
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)(k), 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: Patricia Kirkus 2/21/95 404-493-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #