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FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P39414 (8)

1. Corporation Name

AMERICAN RESURGENS MANAGEMENT CORP.

Principal Place of Business

Mailing Address

2929 LENOX ROAD  
ATLANTA GA 30324

2929 LENOX ROAD  
ATLANTA GA 30324-2813

3. Date Incorporated or Qualified

06/25/1992

3a. Date of Last Report

07/01/1996

4. FEI Number

58-1971955

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME TOLLETT, DOUGLAS J.  
STREET ADDRESS 265 QUIET WATER LANE  
CITY-ST-ZIP ATLANTA GA

TITLE STD ☒ DELETE

NAME NEVEL, TERRY L.  
STREET ADDRESS 540 RIVER CREST COURT  
CITY-ST-ZIP ATLANTA GA

TITLE CD ☒ DELETE

NAME MCMAHAN, JAMES L.  
STREET ADDRESS 28406 PLANTATION DRIVE  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Tollett, Douglas J.  
1.3 STREET ADDRESS 2929 Lenox Road  
1.4 CITY-ST-ZIP Atlanta, Georgia 30324

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME Nevel, Terry L.  
2.3 STREET ADDRESS 2929 Lenox Road  
2.4 CITY-ST-ZIP Atlanta, Georgia 30324

3.1 TITLE CD ☒ Change ☐ Addition

3.2 NAME McMahan, James L.  
3.3 STREET ADDRESS 2929 Lenox Road  
3.4 CITY-ST-ZIP Atlanta, Georgia 30324

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:

*[Signature]*

4-17-97

404-261-7855

CR2E034 (9/96)