

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
1995-1999  
1900 BANKERS BUILDING  
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED  
AND  
FILED**

DOCUMENT # **807906** (3)

MAY 10 AM 10:35

**MARABLE-PIRKLE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
2515 FAIRBURN RD SW P O BOX 310023 ATLANTA GA 30331		2515 FAIRBURN RD SW P O BOX 310023 ATLANTA GA 30331		05/23/1949	07/26/1994
2. Previous Place of Business	2a. Mailing Address	4. FEIN Number	3b. Date of Last Report		
21	26	58-0544119	Applied For Not Applicable		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	25	29	30	8. This corporation has liability for intangible tax under S. 190 (3), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEARRINGER, FARRELL 1701 WEST GARDEN STREET PENSACOLA FL 32593				81	Name		
				82	Street Address (P.O. Box Number is Not Applicable)		
				83	City		
				84	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office to the registered agent's office in the State of Florida. Any change authorized by this corporation's board of directors is hereby accepted by this corporation, its registered agent, and any other persons who are a party to the change of its office in the State of Florida.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL NAMES, OFFICERS, AND DIRECTORS	
1. NAME	V FAAS, L W 445 MONTEVALLO DR. NE ATLANTA, GA 00000	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ST PIRKLE, G S 1840 LINWOOD AVE E POINT, GA 00000	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	PD PIRKLE, R E 140 MONTICELLO WAY FAIRBURN, GA 00000	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not responsible for the correctness of the information stated in Sections 119 (2) (b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 transfer agent covered by this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of Block 11 of the report or other document with which this report is filed.

SIGNATURE: *Robt. E. Pirkle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robt. E. Pirkle**  
5/9/95  
404-344-5411