

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 807906 (3)

1. Corporation Name
MARABLE-PIRKLE, INC.



Principal Place of Business Mailing Address
**2515 FAIRBURN RD SW
P O BOX 310023
ATLANTA GA 30331** **2515 FAIRBURN RD SW
P O BOX 310023
ATLANTA GA 30331**

3. Date Incorporated or Qualified 3a. Date of Last Report
05/23/1949 **05/10/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|---|--|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 58-0544119 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | City & State | | City & State | | | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| | Country | | Country | | | |
| 24 | 25 | 29 | 30 | 8. | This corporation has liability for intangible tax under s 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

g. 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 Acceptable) |
| 83 | |
| 84 | City |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | V <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAAS, L W | 1.2 NAME | |
| STREET ADDRESS | 445 MONTEVALLO DR, NE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA, GA 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIRKLE, G S | 2.2 NAME | |
| STREET ADDRESS | 1840 LINWOOD AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | E POINT, GA 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIRKLE, R E | 3.2 NAME | |
| STREET ADDRESS | 140 MONTICELLO WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FAIRBURN, GA 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

404-388-4411

Day/Even Phone #

CR2E034 (12/95)