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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 807906 (3)

1. Corporation Name:
MARABLE-PIRKLE, INC.

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

Mailing Address: **2515 FAIRBURN RD SW P O BOX 310023 ATLANTA GA 30331-5801**

2. Principal Place of Business: 21
 Suite, Apt #, etc. 22
 City & State 23
 Zip 24 Country 25

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

9. Name and Address of Current Registered Agent
BEARRINGER, FARRELL
1701 WEST GARDEN STREET
PENSACOLA FL 32593

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 607.0102 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 _____ (NAME) _____ (PRINT) _____ (PRINT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VD
NAME	FAAS, L W	1.2 NAME	Faas, L W
STREET ADDRESS	445 MONTEVALLO DR, NE	1.3 STREET ADDRESS	445 Montevallo Dr., NE
CITY-ST-ZIP	ATLANTA, GA 00000	1.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	ST	2.1 TITLE	D
NAME	PIRKLE, G S	2.2 NAME	Pirkle, G S
STREET ADDRESS	1840 LINWOOD AVE	2.3 STREET ADDRESS	1840 Linwood Ave.
CITY-ST-ZIP	E POINT, GA 00000	2.4 CITY-ST-ZIP	East Point, GA 30344
TITLE	PD	3.1 TITLE	
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		4.1 TITLE	ST
NAME		4.2 NAME	Dudley, Dan R.
STREET ADDRESS		4.3 STREET ADDRESS	130 Dover Court
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fayetteville, GA 30215
TITLE		5.1 TITLE	V
NAME		5.2 NAME	Pirkle, Michael R
STREET ADDRESS		5.3 STREET ADDRESS	145 Monticello Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fairburn, GA 30215
TITLE		6.1 TITLE	
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 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]* 2/18/97 804-344-4411



CR2E034 (9/96)