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

PROFIT CORPORATION ANNUAL REPORT



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

1996

Corporation Name

DOCUMENT # 818221

(4)

KECK & WOOD, INC.

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Principal Place of Business Mailing Address					1 iddidt ididt jundt efftid tigte jien.	, 11-92 BIB11 BIB11 BIB11		··· 1991
3722 PLEASANTDALE ROAD 3722 PLEASANTDALE ROAD ATLANTA GA 30340 ATLANTA GA 30340								
					3. Date incorporated or Qualified 10/06/1964	3a. Date of La 03/23	,	
Bringinal Place	ce of Business	2a. Mailing Address			4. FEI Number			olied For
1	Principal Place of Business 2a. Mailing Addres 2b. Mailing Addres 2c.				58-0801754		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	— Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	intry	B. This corporation has liability for		iers 19	}9.032,
24	25	29	30		Florida Statutes Yes			
	9. Name and Address of Current	t Registered Agent		04 Nome	10. Name and Address of New R	edisteled when		
				81 Name				
CORBIN, P R 731 MAY ST					ess (P.O. Box Number is Not Acceptab	ile)		
	NVILLE FL 32204			83				
J. (41.13 G				84 City		 85	Zip C	Code
				1 1 1	ation submits this statement for the pu	FL "	ــــــــــــــــــــــــــــــــــــــ	·
	Signature, typed or printed name of registered agent		TE Registere	d Agent signature required	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	ECTOR(S IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	1.1	TITLE TO THE	ADDITIONS/OF INTOCO TO OF	☐ Ch		Addition
TITLE	V MODERT MICHAEL I	Diverse		AME		_		
NAME	MOFFITT, MICHAEL J. 3345 HIGHLAND PINE DR.			TREET ADDRESS				
STREET ADDRESS	DULUTH GA			CITY-ST-ZIP				
CITY-ST-ZIP TITLE	DS DS	[] DELETE		TITLE		☐ Ch	ange	Addition
NAME	HULSEY, J R	_	2.21	IAME				
STREET ADDRESS	4167 ENGLISH OAK DR		2.3 9	STREET ADDRESS				
CITY-ST-ZIP	DORAVILLE, GA 00000		240	CITY-ST-ZIP				- A 1 195
TITLE	TVD	☐ DELETE	3.1	TITLE			iange	Addition
NAME	CORBIN JR, C C		321	NAME				
STREET ADDRESS	3247 OLDE DEKALB WAY		3.3.	STREET ADDRESS				
CITY-ST-ZIP	ATLANTA, GA 00000			CITY - ST - ZIP		ריו מ	hanne	☐ Addition
TITLE	PD	☐ DELETE		TITLE		Cr	ianye	☐ Macritoli
NAME	STANLEY JR, J B			NAME				
STREET ADDRESS	135 S ROBERST DR			STREET ADDRESS				
CITY-ST-7IF	SUGAR HILL, GA 00000			CITY-ST-ZIP			hange	Addition
TITLE	V	☐ DELETE		TITLE		<u> </u>		
NAME	BENZ, D D			NAME				
STREET ADDRESS	582 OLD MILL CT			STREET ADDRESS				
CITY-ST-ZIP	NORCROSS, GA 00000	DELETE		CITY-ST-ZIP TITLE			hange	Addition
TITLE				NAME			-	
NAME:			1					
STREFT ADDRESS				STREET ADDRESS				
CITY-ST-ZIP		with thin filing is yet intarily for	niched en	City-St-ZiP	for the exemption stated in Section 11	9.07(3)(k), Florida	Statute	s. I further

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 certify 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:

TUPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-78170 4440