

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -4 AM 6: 26

DOCUMENT # **P17920** (0)  
1. Corporation Name  
**SALCRIS CORPORATION**

Principal Place of Business Mailing Address  
**800 CONCOURSE PARKWAY  
SUITE 100  
BIRMINGHAM AL 35244  
US** **PO BOX 361020  
BIRMINGHAM AL 35296-1020  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/08/1988	04/05/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		63-0774123	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	85 Zip Code	FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, GEORGE N.	1.2 NAME	Nicholson, George N.
STREET ADDRESS	800 CONCOURSE PARKWAY, SUITE 100	1.3 STREET ADDRESS	800 Concourse Parkway, Suite 100
CITY - ST - ZIP	BIRMINGHAM AL	1.4 CITY - ST - ZIP	Birmingham, AL
TITLE	VD	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD, HENRY W.	2.2 NAME	Donald, Henry W.
STREET ADDRESS	3229 KIRKWALL LANE	2.3 STREET ADDRESS	3229 Kirkwall Lane
CITY - ST - ZIP	BIRMINGHAM AL	2.4 CITY - ST - ZIP	Birmingham, AL
TITLE	VS	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, LISA M.	3.2 NAME	McCroddan, Robin
STREET ADDRESS	800 CONCOURSE PARKWAY, SUITE 100	3.3 STREET ADDRESS	800 Concourse Parkway, Suite 100
CITY - ST - ZIP	BIRMINGHAM AL	3.4 CITY - ZIP	Birmingham, AL
TITLE	VD	4.1 TITLE	
NAME	EADS, JOHN H.	4.2 NAME	
STREET ADDRESS	5456 WOODFORD DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	4.4 CITY - ZIP	
TITLE	D	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, MARK	5.2 NAME	Griffin, Mark
STREET ADDRESS	800 CONCOURSE PARKWAY, SUITE 100	5.3 STREET ADDRESS	800 Concourse Parkway, Suite 100
CITY - ST - ZIP	BIRMINGHAM AL	5.4 CITY - ZIP	Birmingham, AL
TITLE	D	6.1 TITLE	
NAME	DONALD, LESLIE	6.2 NAME	Delete
STREET ADDRESS	800 CONCOURSE PARKWAY, SUITE 100	6.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	6.4 CITY - 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 110.07(3)(b), 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: 2/28/95 20544562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Filing #