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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 # **270419** **(5)**

1. Corporation Name
BEACON TECHNICAL INDUSTRIES, INC.

Principal Place of Business	Mailing Address
5950 CROOKED CREEK ROAD. SUITE #140 NORCROSS GA 30092	5950 CROOKED CREEK ROAD. SUITE #140 NORCROSS GA 30092-2498

3. Date Incorporated or Qualified: **05/29/1963**
3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business
21 5950 Crooked Creek Rd.,
Suite, Apt. #, etc.
22 140
City & State
23 Norcross, Georgia
Zip 24 30092 Country 25 USA

2a. Mailing Address
26 5950 Crooked Creek Rd.
Suite, Apt. #, etc.
27 140
City & State
28 Norcross, Georgia
Zip 29 30092 Country 30 USA

4. FEI Number: **59-1024380** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SOULE BRUCE
289 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33334

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☒ DELETE	1.1 TITLE	ST	☐ Change ☒ Addition
NAME	WRIGHT, J. GAYE		1.2 NAME	Kathryn E. Cartwright	
STREET ADDRESS	3341 CARDINAL LAKE DR.		1.3 STREET ADDRESS	3534 Corners Way	
CITY-ST-ZIP	DULUTH GA		1.4 CITY-ST-ZIP	Norcross, GA 30092	
TITLE	S	☒ DELETE	2.1 TITLE	CDP	☒ Change ☐ Addition
NAME	ROBBINS, KATHRYN E		2.2 NAME	Michael J. Farrell	
STREET ADDRESS	3534 CORNERS WAY		2.3 STREET ADDRESS	840 Hampton Bluff Dr.	
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP	Alpharetta, GA 30201	
TITLE	PDT	☐ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	FARRELL, MICHAEL J		3.2 NAME	Terry P. Smith	
STREET ADDRESS	840 HAMPTON BLUFF DR		3.3 STREET ADDRESS	375 Kelson Dr.	
CITY-ST-ZIP	ALPHARETTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30327	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, ROBERT		4.2 NAME		
STREET ADDRESS	12920 PARK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANTE FE SPRINGS CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SNOW, DAN		5.2 NAME		
STREET ADDRESS	103-F CARPENTER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	STERLINE VA		5.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WILLIAMMEE, JOHN T		6.2 NAME	JOHN T. WILLIAMMEE	
STREET ADDRESS	2380 S RIVER ROAD		6.3 STREET ADDRESS	2380 S. River Rd.	
CITY-ST-ZIP	MELBOURNE, FL. 00000		6.4 CITY-ST-ZIP	Melbourne Bch., FL 32951	

CR2E034 (9/96)

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: Kathryn E Cartwright ☐ 770.447.4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathryn E. Cartwright - Secretary/Treasurer