


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90034 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **373172** ✓  
 1. Corporation Name  
**FREEMAN ASSOCIATES, INCORPORATED**



Principal Place of Business Mailing Address  
**6825 JIMMY CARTER BLVD SUITE 1570 NORCROSS GA 30071 US**

DO NOT WRITE IN THIS SPACE  
 3. Date incorporated or Qualified  
**11/24/1970**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

4. FEI Number Applied For  
**59-1318084** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**FREEMAN, ROBERT M JR  
 2841 EXECUTIVE DRIVE SUITE 200  
 CLEARWATER FL 34622**

10. Name and Address of New Registered Agent  
 81 Name **Hagan C. Freeman**  
 82 Street Address (P.O. Box Number is Not Acceptable) **243 Goolsby Blvd.**  
 83  
 84 City **Deerfield Beach FL** 85 Zip Code **33442**

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]* **Hagan C Freeman** 4/29/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FREEMAN, JR., ROBERT M	
STREET ADDRESS	6825 JIMMY CARTER BLVD., SUITE 1570	
CITY-ST-ZIP	CLEARWATER FL 30071	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, HAGAN C	
STREET ADDRESS	7200 NW 2ND AVENUE 115	
CITY-ST-ZIP	BOCA RATON FL 33437	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Freeman, Jr., Robert M.	
1.3 STREET ADDRESS	6825 Jimmy Carter Blvd Suite 1570	
1.4 CITY-ST-ZIP	Norcross, GA 30071	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Freeman, Hagan C.	
2.3 STREET ADDRESS	243 Goolsby Blvd.	
2.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **Robert M Freeman** 4/29/99 770-416-1234