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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	CONTINENTAL, INC.					811 9 1911 81911 81911 9 10	H andi 1 000 f ab i
	,						
Principal Place	of Business	Mailing Address	Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2170 PIEDMONT ROAD. NE 2170 PIEDMOND RO							
ATLANTA GA 30	0324	CORPORATE TAXES			DO NOT WRITE IN THIS SPACE		
		atlanta ga 30324 Us			3. Date incorporated or Qualifed		
		00			04/26/1958		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	300 01 20011.000	26			51-0077018		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1	5 Additional	
22		27		5. Certificate of Status Desired	- Fee	Required	
City & State	9 ~	City & State			6. Election Campaign Financing	1	0 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	CountryZipCo		Country		8. This corporation owes the current		
24	25	29 30	·L		Personal Property Tax.	∐ Yes_	□No
	9. Name and Address of Currer	nt Registered Agent		N	10. Name and Address of New Reg	stered Agent	
THE	DESITION WALL CORPORATION	N SYSTEM INC	81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	J
	E 105	83					·
	AHASSEE FL 32301		[83]			_	
IALL		84 City			FL 85 Zi	ip Code	
_				<u> </u>	poration submits this statement for the pur		its registered
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth- ations of, Section 607.0505, Florida	orized by Statutes	the corporati	ion's board of directors. I hereby accept th	e appointment as	registered
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable (NOTE: Pe	nene henere	nt signature require	ed when reinstating)	DATE	—— į
12.		ND DIRECTORS	13.	n organization to quant	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	ST	☐ DELETE	1.1 TITLE			∠ Chang	ge
NAME	SMITH, GENE L.		1.2 NAME		tarry J. Cynkus		
STREET ADDRESS	2170 PIEDMONT RD NE		1,3 STREET ADDRESS		, , , = -,		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP			_	
TITLE	PD	☐ DELETE	2.1 TITLE			Chang	ge
NAME	ROLLINS, GARY W.		22 NAME]
STREET ADDRESS	2170 PIEDMONT RD NE		2.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA ~~		2, 4 CITY-ST-ZIP		ne region e e e <u>i i i i i i i i i i i i i i i i i</u>	. 2 221 = _	
TITLE	ASD	☐ DELETE	3.1 TITLE			☐ Chang	ge
NAME	ROLLINS, R. RANDALL		3.2 NAME				Ĭ
STREET ADDRESS	ALTO DIEDLICALE DO LIE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA		3.4, CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge
NAME			4. 2 NAME			•	
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chang	ge
NAME	State of the state		6.2 NAME				
CTDEET ADDRESS	i "		6.3 STREE	T ADDRESS			

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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS