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

001268

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90091 031 ***150.00

DOCUMENT # 817902

1. Corporation Name
SOUTHERN ENGINEERING COMPANY OF GEORGIA

Principal Place of Business
1800 PEACHTREE ST., N.W.
ATLANTA GA 30367-8301

Mailing Address
~~ATTN: CAROL JOHNSON~~ (see below)
1800 PEACHTREE ST., N.W.
ATLANTA GA 30367

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/06/1964

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Attn: Belinda K. Weiss
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
58-0917114
☐ Applied For
☐ Not Applicable

5. Certifcate 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☒ DELETE	1.1 TITLE	Interim President	☐ Change ☒ Addition
NAME	ROGERS, O. FRANKLIN		1.2 NAME	Lindsey, Phil	
STREET ADDRESS	360 CROSSTREE LANE		1.3 STREET ADDRESS	647 Chanterella Road	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Lilburn, GA 30047-6568	
TITLE	VSD	☒ DELETE	2.1 TITLE	VP & Board of Director	☐ Change ☒ Addition
NAME	CHAYAVADHANANGKUR, JANJA		2.2 NAME	Gaines, Jack D.	
STREET ADDRESS	1823 KANAWAH DRIVE		2.3 STREET ADDRESS	1141 Wynter Hall Lane	
CITY-ST-ZIP	STONE MOUNTAIN GA		2.4 CITY-ST-ZIP	Dunwoody, GA 30338	
TITLE	VTD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEWBORN, SHIRLEY C.		3.2 NAME		
STREET ADDRESS	801 ATLANTA COUNTRY CLUB		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	VP, Treasurer & Director	☒ Change ☐ Addition
NAME	SHERALI, ANIS D.		4.2 NAME	Sherali, Anis D.	
STREET ADDRESS	1166 ROXBORO POINT NE		4.3 STREET ADDRESS	1166 Roxboro Point, N.E.	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Atlanta, GA	
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DENNEY, ROY L., JR.		5.2 NAME		
STREET ADDRESS	132 WEST CLUB DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON GA		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	VP & Board of Director & Secretary	☒ Change ☐ Addition
NAME	DEW, ROBERT C.		6.2 NAME	Dew, Robert C.	
STREET ADDRESS	~~50 TALL OAK TRAIL~~		6.3 STREET ADDRESS	2103 Floyd Drive	
CITY-ST-ZIP	~~COVINGTON GA~~		6.4 CITY-ST-ZIP	Covington, GA 30014	

CR2E034 (11/98)

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: [illegible] [illegible] 1-12-99 404-352-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #