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May 24, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 831195 (3)  
1. Corporation Name  
AFGD, INC. (INC)

Principal Place of Business: 1800 PARKWOOD CIR. SUITE 300 ATLANTIC GA 30339 US  
Mailing Address: 1400 LINCOLN ST. P.O. BOX 929 KINGSPORT TN 37662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21  
2a. Mailing Address: 28 2201 Water Ridge Pkwy  
Suite, Apt. #, etc.: 27 Suite 400  
City & State: 28 Charlotte NC  
Zip: 29 28217 Country: 30

3. Date Incorporated or Qualified: 11/01/1973  
4. FEI Number: 58-1105024 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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V [ ] DELETE	1.1 TITLE	[ ] Change [ ] Additio
NAME	BROOKS, JAMES R.	1.2 NAME	
STREET ADDRESS	1600 PARKWOOD CIRCLE, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	VP [ ] DELETE	2.1 TITLE	[ ] Change [ ] Additio
NAME	KELSEY, MIKE J	2.2 NAME	
STREET ADDRESS	1600 PARKWOOD CR SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	P [ ] DELETE	3.1 TITLE	[ ] Change [ ] Additio
NAME	KENNEDY, D. ROGER	3.2 NAME	
STREET ADDRESS	1600 PARKWOOD CIRCLE, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	4.1 TITLE	[ ] Change [ ] Additio
NAME	BRADFORD, J.W. J	4.2 NAME	
STREET ADDRESS	1400 LINCOLN STREET, P. O. BOX 929	4.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSPORT TN	4.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	5.1 TITLE	[ ] Change [ ] Additio
NAME	KRAMER, S.E.	5.2 NAME	
STREET ADDRESS	1400 LINCOLN ST., P. O. BOX 929	5.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSPORT TN	5.4 CITY-ST-ZIP	
TITLE	V [ ] DELETE	6.1 TITLE	[X] Change [ ] Additio
NAME	DOBIE, ROBERT E.	6.2 NAME	
STREET ADDRESS	1400 LINCOLN ST., P. P. BOX 929	6.3 STREET ADDRESS	Dobie, Robert E. 2201 Water Ridge Pkwy Suite 400 Charlotte NC 28217
CITY-ST-ZIP	KINGSPORT TN	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.

SIGNATURE: Robert E. Dobie, VP-Tax 4/30/99