


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

001327

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90021 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 833534**

1. Corporation Name  
**ROYAL OAK ENTERPRISES, INC.**



Principal Place of Business 900 ASHWOOD PARKWAY, SUITE 800 ATLANTA GA 30338	Mailing Address 900 ASHWOOD PARKWAY, SUITE 800 ATLANTA GA 30338
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1974</b>	
21	26	4. FEI Number <b>83-6004731</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc. <b>1 Royal Oak Ave</b>		27. Suite, Apt. #, etc. <b>1 Royal Oak Ave</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State <b>Roswell, GA</b>		28. City & State <b>Roswell, GA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>30074</b> 25. Country		29. Zip <b>30074</b> 30. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			84	City	85 Zip Code
				<b>FL</b>	

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEETER, DAREN M.</b>	1.2 NAME	
STREET ADDRESS	<b>1821 VERMACK COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNWOODY GA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POPE, BRIAN</b>	2.2 NAME	
STREET ADDRESS	<b>4448 FREEMAN RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIETTA GA 30062</b>	2.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, JAMES E.</b>	3.2 NAME	
STREET ADDRESS	<b>801 MITSY RIDGE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIETTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAREY, ROBERT G.</b>	4.2 NAME	
STREET ADDRESS	<b>2702 CHIMNEY SPRINGS DEIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIETTA GA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEETER, JAMES P.</b>	5.2 NAME	
STREET ADDRESS	<b>1130 HUNTCLIFF</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, KENT</b>	6.2 NAME	
STREET ADDRESS	<b>644 8TH AVE., W.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DICKINSON, ND.</b>	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 Required* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/14/99** **(678) 461-3700**  
Date Daytime Phone #

CR2E034 (1/98)