

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 858069 (8)

1. Corporation Name

WINK DAVIS EQUIPMENT CO., INC.

Principal Place of Business

800 MIAMI CIRCLE N.E.  
P O BOX 14226  
ATLANTA GA 30324

Mailing Address

800 MIAMI CIRCLE N.E.  
P O BOX 14226  
ATLANTA GA 30324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1983

4. FEI Number

58-0521520

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CONROY, RON  
7818 ALHURST ST.  
JACKSONVILLE FL 32211

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, WINK A., SR.	
STREET ADDRESS	4622 CLUB CIRCLE NE	
CITY - ST - ZIP	ATLANTA GA 30319	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, WINK A., JR.	
STREET ADDRESS	795 OVERHILL COURT NW	
CITY - ST - ZIP	ATLANTA GA	

TITLE	CS	<input type="checkbox"/> DELETE
NAME	DAVIS, C. ALEXANDER	
STREET ADDRESS	4130 E. BROOKHAVEN DRIVE NE	
CITY - ST - ZIP	ATLANTA GA 30319	

TITLE	CFO / COO	<input type="checkbox"/> DELETE
NAME	HORSLEY, DOUG	
STREET ADDRESS	2092 MERRYMOUNT DR	
CITY - ST - ZIP	SUWANNEE GA	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LYDAY, DAVID	
STREET ADDRESS	2265 SPEAR POINT TR	
CITY - ST - ZIP	MARIETTA GA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pamela T Newby	
1.3 STREET ADDRESS	750 Hunters Lane	
1.4 CITY - ST - ZIP	Loganville GA 30052	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	CFO CDD	<input checked="" 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	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Speizman	
6.3 STREET ADDRESS	8347 Providence Rd	
6.4 CITY - ST - ZIP	Charlotte NC 28277	

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 checked, or on an attachment with an address.

CR2E034 (10/97)