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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2625 CUMBERLAND PARKWAY

ATLANTA GA 30339

DOCUMENT # F9400003249

2625 CUMBERLAND PARKWAY

ATLANTA GA 30339

E A TECHNICAL SERVICES, INC.

Mailing Address Principal Place of Business SUITE 100 SUITE 100

3. Date incorporated or Qualifed

DO NOT WRITE IN THIS SPACE

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90042 031 ***150.00

					06/21/1994		··-
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			58-1968340		t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip	Country	Zip	Countr	у	This corporation owes the current year Ir	ntangible	,
24	25	29	30		Personal Property Tax.		□ No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
C T CORPORATION SYSTEM				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD				Sileet Add			
PLANTATION FL 33324				3			
				1 04		85 Zip C	Code -
			84	City	Fl	_ 83 Zip c	5000
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	uthorized by	y the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	of changing its pintment as re	registered gistered
31314110112	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered Age	ent signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DV	☐ DELETE	11TITLE	İ		Change	Addition
NAME	WILSON, DOUGLAS H		12 NAME				
STREET ADDRESS	3951 CENTRE COURT		13 STREE	ET ADDRESS			
CITY-ST-ZIP	NORCROSS GA 30092		14 CITY-	ST-ZIP			
TITLE	DV	⋈ DELETE	2.1 TITLE			☐ Change	Acdition
NAME	JOYNER, MAYS F		2.2 NAME				
STREET ADDRESS	460 NORTH DRIVE		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	FAIRBURN GA 30213		2 4 CITY-	ST-ZIP			
TITLE	VSTD	☐ DELETE	31 TITLE	}		Change	Addition
NAME	HARTER, THOMAS C		3.2 NAME				
STREET ADDRESS	4525 KINVARRA CIRCLE		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	MABLETON GA 30059		34 CITY-	ST-ZIP			
TITLE	P	☐ DELETE	4 1 TITLE			Change	Addition Addition
NAME	RAY, CARL S		4 2 NAME	:			
STREET ADDRESS	127 PINEDALE RD		4.3 STREI	ET ADDRESS			
CITY-ST-ZIP	TERRY MS 39170		44 CITY-	ST-ZIP			
TITLE		☐ DELET€	5 1 TITLE	ı		Change	Addition
NAME			52 NAME				
STREET ADDRESS			53STREI	ET ADDRESS			
CITY-ST-ZIP		···	54 CrTY+				
TITLE		DELETE	6 1 TITLE			☐ Change	Addition
NAME			62 NAME				
STREET ADDRESS	1		63 STRE	ET ADDRESS			
OUD CE ZID			64 CITY-	ST-ZIP			

14. Thereby 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 supplied 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 of the Jeceiver 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 in any attachment with an address, with all other like empowered

SIGNATURE: