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

FILED
Mar 08, 1999 8:00 am
Secretary of State
03-08-1999 90061 001 ***150.00

DOCUMENT # F94000006419

1. Corporation Name
ORDNER CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
1895 BEAVER RUIN ROAD. STE. N NORCROSS GA 30071	1895 BEAVER RUIN ROAD. STE. N NORCROSS GA 30071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/16/1994

2. Principal Place of Business	2a. Mailing Address
21 2000 NEWPOINT PLACE PKWY	26 2000 NEWPOINT PLACE PKWY
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 SUITE 300
City & State 23 LAWRENCEVILLE, GA	City & State 28 LAWRENCEVILLE, GA
Zip / Country 24 30043 25 GWINNETT	Zip / Country 29 30043 30 GWINNETT

4. FEI Number: 58-1728368 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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	CP	☒ DELETE	1.1 TITLE	CP	☒ Change ☐ Addition
NAME	ORDNER, DAVID A		1.2 NAME	ORDNER, DAVID A.	
STREET ADDRESS	1895 BEAVER RUIN ROAD, STE. N		1.3 STREET ADDRESS	2000 NEWPOINT PLACE PKWY SUITE 300	
CITY-ST-ZIP	NORCROSS GA 30071		1.4 CITY-ST-ZIP	LAWRENCEVILLE, GA 30043	
TITLE	CV	☒ DELETE	2.1 TITLE	CV	☒ Change ☐ Addition
NAME	ORDNER, DONALD L		2.2 NAME	ORDNER, DONALD L.	
STREET ADDRESS	1895 BEAVER RUIN ROAD, STE. N		2.3 STREET ADDRESS	2000 NEWPOINT PLACE PKWY SUITE 300	
CITY-ST-ZIP	NORCROSS GA 30071		2.4 CITY-ST-ZIP	LAWRENCEVILLE, GA 30043	
TITLE	DST	☒ DELETE	3.1 TITLE	DST	☒ Change ☐ Addition
NAME	ORDNER, LISA S		3.2 NAME	ORDNER, LISA S.	
STREET ADDRESS	1895 BEAVER RUIN ROAD, STE. N		3.3 STREET ADDRESS	2000 NEWPOINT PLACE PKWY SUITE 300	
CITY-ST-ZIP	NORCROSS GA 30071		3.4. CITY-ST-ZIP	LAWRENCEVILLE, GA 30043	
TITLE	C	☒ DELETE	4.1 TITLE	C	☒ Change ☐ Addition
NAME	CLINE, GOBERT P		4. 2 NAME	CLINE, ROBERT G.	
STREET ADDRESS	1895 BEAVER RUIN ROAD, STE. N		4.3 STREET ADDRESS	2000 NEWPOINT PLACE PKWY, SUITE 300	
CITY-ST-ZIP	NORCROSS GA 30071		4.4 CITY-ST-ZIP	LAWRENCEVILLE, GA 30043	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ 1-16-99 678-377-5265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)