

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90087 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000000061**

1. Corporation Name  
**W.C. CAYE & COMPANY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 787 WINDSOR STREET, AUGUSTA GA 30315, US  
 Mailing Address: PO BOX 1507, AUGUSTA GA 30903, US

3. Date incorporated or Qualified: **01/03/1996**  
 4. FEI Number: **58-0514220**  
 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21 **890 GREENWOOD AVE**  
 Suite, Apt. #, etc.: 22 **Atlanta GA**  
 City & State: 23  
 Zip: 24 **30316** Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CAYE JR, CHARLES G</b>
STREET ADDRESS	<b>PO BOX 223</b>
CITY-ST-ZIP	<b>SILOAM GA</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CRADDOCK JR, WM L</b>
STREET ADDRESS	<b>2072 SURRY LANE</b>
CITY-ST-ZIP	<b>JONESBORO GA</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CAYE, MORRIS G</b>
STREET ADDRESS	<b>1962 SPECTRUM CIRCLE #640</b>
CITY-ST-ZIP	<b>MARIETTA GA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MICHAEL PHILIPPI</b>
STREET ADDRESS	<b>1472 CAMBRIDGE COMMON</b>
CITY-ST-ZIP	<b>DOCATUR GA</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>AVERA, ANDREW C</b>
STREET ADDRESS	<b>503 WHITTINGTON WAY</b>
CITY-ST-ZIP	<b>PEACHTREE CITY GA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)