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FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90012 043 *****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # J18052

1. Corporation Name
BOOKER & COMPANY, INC.

Principal Place of Business 124 S. MORGAN ST. TAMPA FL 33602-5338	Mailing Address 6487 P'TREE IND. BLVD. SUITE A DORAVILLE GA 30360
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3. Date Incorporated or Qualified
06/05/1986

4. FEI Number 59-2686157	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22	27
City & State	City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23	28
Zip	Zip
Country	Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, CHARLES M JR	1.2 NAME	
STREET ADDRESS	7905 TROON CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTELL GA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, HUGH R JR	2.2 NAME	
STREET ADDRESS	6487 PEACHTREE IND. BLVD., SUITE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	DORAVILLE GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, DAVID B	3.2 NAME	
STREET ADDRESS	7905 TROON CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTELL GA 30168	3.4 CITY-ST-ZIP	
TITLE	TAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, ALLEN	4.2 NAME	
STREET ADDRESS	7905 TROON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTELL GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, JANICE	5.2 NAME	
STREET ADDRESS	7905 TROON CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTELL GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Hugh R Powell, Jr. HUGH R. POWELL, JR., SEC. Date: 1/22/99 Daytime Phone #: (770)458-9888

CR2E034 (11/98)