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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	1998		7	ary of State CORPORATIONS	Secretary	of State
	MENT #   Name   R PRODUCTS, 1	P14108 NC. OF GEOR	(5) GIA			HEN BON BERN BERN BON BERN
Principal Place	o of Business		Mailing Address			/ DII 1111   6781   BIEN   0101   1001
4048 1-475 INDUSTRIAL BLVD. MACON GA 31210			P. O. BOX 4845 MACON GA 31208 US		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business		2a. Mailing Address		04/20/1987 4. FEI Number	Applied For
21		[	26		58-2237114	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City 8 Ctot			27			Fee Required
City & State			City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Cou	entry	Zip	Country	8. This corporation owes or has paid the	
24	25		29	30	Personal Property Tax due June 30.	Yes No
		dress of Current R	egistered Agent	81 Name	10. Name and Address of New Registers	ed Agent
MCMICHEN, JOHN 6001 BRIDGEWATER CIRCLE POINTE VEORA FL 32082				82 Street Ad	Roger W. Duffield  ddress (P.O. Box Number is Not Acceptable) 15658 51st Drive	
				84 City		85 Zip Code
				1	Wellborn F	LI 132094 I
11. Pursuant i office or re	to the provisions of S egistered <u>ag</u> ent, or b	sections 607.0502 a oth, in the State of i	nd 607.1508, Florid <b>a St</b> atu Flori <u>d</u> a: Such chan <b>ge w</b> as	ites, the above-named c authorized by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered   uppointment as registered
agent. I a	m familiar with, and a	accept the obligatio	ns of Section 607, 505, F	lorida Stetutes.		
SIGNATURE	Signature, typed or printed in	name of registered agent at	id little if authoriside (NC	It Registered Agent signature re	March 26, 1	998
12.		OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUBBO, WILLIA			1.2 NAME		
STREET ADDRESS	4371 LOCH LO			1.3 STREET ADDRESS		
CITY-ST-ZIP	MACON GA 31	206	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	TC	N 1	["] necelt	2.1 TITLE 2.2 NAME		Change C Addition
STREET ADDRESS	KENT, RICHARI 3385 RUSCO R			2.3 STREET ADDRESS		1
CITY-ST-ZIP	KENT CITY MI			2.4 CiTY-\$1-ZiP		
TITLE	S		DELETE	3.1 TITLE		Change Addition
NAME	MILLWOOD, DA	LE S		3.2 NAME		
STREET ADDRESS	ROUTE 5 BOX	211		3.3 STREET ADDRESS		[
CITY-ST-ZIP	FORSYTH GA			3.4. CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition
NAME STREET ASSOCIATION				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	·		DELETE	4.4 CITY-ST-ZIP 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		İ
STREET ADDRESS				6.3 STREET ADDRESS		
CITY OF ZID				CACITY ST 7ID		

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 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.

SIGNATURE:

March 26, 1998 (912) 474–9898

Mar 31 1998 8:00am