

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

**FILED**

**Feb 16 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P25884 (8)**

1. Corporation Name  
**APAC-GEORGIA, INC.**

Principal Place of Business  
**600 ASHWOOD PKWY  
STE 700  
ATLANTA GA 30338  
US**

Mailing Address  
**PO BOX 14000  
LEXINGTON KY 40512  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified  
**09/01/1989**

4. FEI Number  
**58-1401468**

Applied For  
 Not Applicable

5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
660 EAST JEFFERSON STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

TITLE	S/T	<input type="checkbox"/> DELETE
NAME	ONUSCHAK, PETER W	
STREET ADDRESS	3111 PORT COBB DRIVE	
CITY-ST-ZIP	SMYRNA GA 30080	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	ELLIS, CHARLES D	
STREET ADDRESS	3499 DABNEY DRIVE	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	WALES, T. CODY	
STREET ADDRESS	1000 ASHLAND DRIVE	
CITY-ST-ZIP	RUSSELL KY	
TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	BATZEL, T.D.	
STREET ADDRESS	3111 PORT COBB DRIVE	
CITY-ST-ZIP	SMYRNA GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	PACE, RAY M	
STREET ADDRESS	3499 DABNEY DRIVE	
CITY-ST-ZIP	LEXINGTON KY 40509	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	SAWRAN, WILLIAM R	
STREET ADDRESS	3499 DABNEY DRIVE	
CITY-ST-ZIP	LEXINGTON KY 40509	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	Nichols, Frank D., Jr.
4.4 CITY-ST-ZIP	1208 Oxford Road Atlanta GA 30306
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, unchanged, or on an attachment with an address.

SIGNATURE: *Charles D. Ellis* Charles D. Ellis 2-3-98 (606) 357-7484

CR2E034 (10/97)