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03-03-1999 90086 048 ***150.00

US2417

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P25884**

1. Corporation Name
APAC-GEORGIA, INC.



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
09/01/1989

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
58-1401468

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

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

City & State
 23

City & State
 28

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

Zip Country
 24 25

Zip Country
 29 30

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" 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 type="checkbox"/> DELETE
NAME	NICHOLS, FRANK D. J	
STREET ADDRESS	1208 OXFORD RD	
CITY-ST-ZIP	ATLANTA GA 30306	
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	

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: *Richard A. Jones* Richard A. Jones 2/9/99

(606) 357-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)