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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

**GEYER CONSTRUCTION, INC.** 

Principal Place of Business

Mailing Address

**FILED** Mar 20 1998 8:00am Secretary of State



ATLANTA GA 30312			ATLANTA GA 30312					
						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified		
						02/21/1990		
2. Principal Pla	ace of Business	2a. Mailing Ac	2a. Mailing Address			4. FEI Number	<b>}−</b> −+	Applied For
21		26				58-1585382		Not Applicable
Suite, Apt. #, etc.		<b>⊢</b> ¬	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22			27					Required
City & State		<u>⊢</u> ¬ ′	City & State			6. Election Campaign Financing \$5.00 May Be		
23	6		28			Trust Fund Contribution		
Zip	Country	Zip	<del> </del>	ountry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. La Yes La No  10. Name and Address of New Registered Agent		
		Current Registered Agen	<u> </u>	Bi	Name	10. Name and Address of New Registe	rea Agent	
	(ENNEY, TERRY E.			"	Name			
RT. 4 BOX 4675				82 Street Address (P.O. Box Number is Not Acceptable)				
MOI	NTICELLO FL 32344							
				83		<b>*</b>		
				84	City		- 85 Zi	p Code
					O.I.	! !	<b>-</b> [ ]	
11. Pursuant to office or re agent. I an	o the provisions of Sections gistered agent, or both, in the familiar with, and accept the	607.0502 and 607.1508, Flo he State of Florida. Such ch he obligations of, Section 60	orida Štatutes, the ange was authoria 07.0505, Florida S	above zed by tatutes	e-named the corp i.	corporation submits this statement for the purpor poration's board of directors. I hereby accept the	se of changing appointment a	its registered as registered
SIGNATURE								
Old Wilder	lignature, typed or printed name of reg	stered agent and title if applicable	(NOTE: Registe	ered Ager	nt signature	e required when reinstating) DA		
12.		RS AND DIRECTORS	1;	3.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	Ц	DELETE 1.1	TITLE			Change	: 🔲 Addition
NAME	geyer, ernie H.		1.2	NAME				
STREET ADDRESS	<b>564 HEATHER DRIVE</b>		1.3	STREET.	ADDRESS			
CITY-ST-ZIP	LITHIA SPRINGS GA		1.4	CITY-SI	r-zip			
TITLE	VPD		DELETE 21	TITLE	• .		Change	Addition
NAME	GEYER, JASON		2.2	NAME				
STREET ADDRESS	6700 ROSWELL RD #3	33C	23	STREET	ADDRESS			
CITY-ST-ZIP	ATLANTA GA		2.	4 CITY-S	T-ZiP			
TITLE	STD			TITLE			☐ Change	Addition
NAME	CRANE, MICHAEL R.		3.2	NAME				ļ
STREET ADDRESS	16 TREVINO TRAIL				address i			ţ
CITY - ST - ZIP	SHARPSBURG GA			CITY-S				1
TITLE		П		TITLE	2.11		Change	Addition
NAME				2 NAME				
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP TITLE				CITY-ST	I-ZIP		Change	Addition
		L			İ		i cuanda	, LJ Addition
NAME				NAME	I DARRES			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		· · · - · · · · · · · · · · · · · · · ·		CITY-ST	- ZIP			) J 197
TITLE		IJ		TITLE			L_) Change	Addition
NAME			6.2	NAME				į
STREET ADDRESS			6.3	STREET	address	•		
CITY-ST-ZIP			6.4	CITY-ST	- ZIP			

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 ampowered 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.