

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29291 (2)

1. Corporation Name
ASBESTOS FREE, INC.



Principal Place of Business 1111 ALDERMAN DR., SUITE 435 ALPHARETTA GA 30202-4143	Mailing Address 1111 ALDERMAN DR., SUITE 435 ALPHARETTA GA 30202-4143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 1879 McFarland Rd	26 Suite, Apt. #, etc. 1879 McFarland Rd
22 City & State Alpharetta, Ga	27 City & State Alpharetta, Ga
23 Zip 30005	28 Zip 30005
24 Country USA	29 Country USA

3. Date Incorporated or Qualified 05/09/1990	
4. FEI Number 58-1797927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent

**SIMMONS, RONALD L.
 475 MONITOR ST
 MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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	P	<input checked="" type="checkbox"/> DELETE
NAME	JONES, R. JACK	
STREET ADDRESS	287 MACKINAC HOLLOW	
CITY-ST-ZIP	LAWRENCEVILLE GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELCH, SANDRA O.	
STREET ADDRESS	285 CLIPPER BAY DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELCH, FENDALL E.	
STREET ADDRESS	285 CLIPPER BAY DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GIBSON, NANCY	
STREET ADDRESS	3736 JESICA TRACE	
CITY-ST-ZIP	KENNESAW GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RONALD SIMMONS	
1.3 STREET ADDRESS	519 ROSEMONT PARKWAY	
1.4 CITY-ST-ZIP	ROSWELL, GA 30075	
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		
4.3 STREET ADDRESS	745 Fields Drive	
4.4 CITY-ST-ZIP	Cumming, Ga. 30131	
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.

CR2E034 (10/97)