

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90008 033 ***550.00

DOCUMENT # **341043**

1. Corporation Name

FLORIDA SUB THREE, INC.

Principal Place of Business

C/O FLORIDA WIRE & CABLE
825 N LANE AVE
JACKSONVILLE FL 32205

Mailing Address

C/O FLORIDA SUB ONE INC.
1300 MECASLIN ST., N.W.
ATLANTA GA 30318
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1969

4. FEI Number

59-1230558

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, LEWIS S
PO BOX 479, 850 FLA. NAT'L BANK BLDG
JACKSONVILLE FL 32205

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 **PD** ☐ DELETE

NAME **WEBB, JESSE J**
STREET ADDRESS **1300 MECASLIN STREET, NW**
CITY-ST-ZIP **ATLANTA GA 30318**

TITLE **VPT** ☒ DELETE

NAME **THURSTON, KENNETH P**
STREET ADDRESS **1300 MECASLIN STREET, NW**
CITY-ST-ZIP **ATLANTA GA**

TITLE **SD** ☒ DELETE

NAME **GIBSON, GERALD C**
STREET ADDRESS **1300 MECASLIN STREET, NW**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VSTD

MYNARD, CHARLES W.
1300 MECASLIN ST., N.W.
ATLANTA, GA 30318

3

PILEY, WILLIAM O.
1300 MECASLIN ST., N.W.
ATLANTA, GA 30318

☐ Change ☒ Addition

☐ Change ☒ Addition

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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.

SIGNATURE: **Charles W. Mynard**

404-897-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)