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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 344878

| Corporation WII TCHF | Name ER INDUSTRIES, INC. | • | | | | | | |
|--------------------------|---|------------------------------|-----------------------|-----------------|---------------------------------------|--|-------------------------|------------|
| 1110110 | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | | | | |
| 4222 CORNELL CROSSING | | 4222 CORNELL CROS | 4222 CORNELL CROSSING | | | | • | |
| KENNESAW GA 30144 | | | KENNESAW GA 30144 | | | DO NOT WRITE IN THIS | CDACE | |
| US | | US | | | | 3. Date Incorporated or Qualified | SFACE | |
| | | | _ | | | 04/21/1969 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | <u> </u> | plied For |
| 21 | | 26 26 2 2 2 2 2 2 | | | | 59-1497345 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | 2. | | | 5. Certifcate of Status Desired | \$8.75 A Fee Red | |
| 22 | | 27 City & State | | | | | | <u> </u> |
| City & State | e . | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 (Added to | |
| 23 | Country | Zip | _ | Country | | | | 01663 |
| Zip | Country | ⊢ | 30 | - · | | This corporation owes the current year Int Personal Property Tax. | | □No |
| 24 | 9. Name and Address of Curre | nt Pogistored Agent | | ' '- | | 10. Name and Address of New Registered | | |
| | 9. Name and Address of Cure | iit vedisteren vaerit | | 81 | Name | To. Walle dile places of the same | | |
| ROW | 'AN, F. LEIGNTON JR | | | | | | | |
| 9703 CRILL AVE | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| PALA | | | 83 | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | 84 | City | FI | 85 Zip C | Code |
| 11 Dureuant | to the provisions of Sections 607 05 | 02 and 607 1508. Florida | Statutes | the above | e-named o | corporation submits this statement for the purpose of | changing its | registered |
| office or re | egistered agent, or both, in the State | of Florida. Such change | was auth | orized by | the corpo | corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoi | ntment as reç | gistered |
| agent. I ar | m familiar with, and accept the obliga | ations of, Section 607.050 | o, Florida | a Statutes. | • | | | |
| SIGNATURE | Signature, typed or printed name of registered ago | ent and title if applicable. | (NOTE: Re | egistered Agen | t signature re | equired when reinstating) DATE | | |
| 12. | T TOTAL CO. T. C. | ND DIRECTORS | ' | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTO | RS IN 12 |
| TITLE | PTD | ☐ DELE | TE | 1.1 TITLE | | S | Change | Addition |
| NAME | WILTCHER, JEFFREY L | | | 1.2 NAME | | WILTCHER, MARY L | | |
| STREET ADORESS | 4222 CORNELL CROSSING | | | 1.3 STREET | ADDRESS | 4220 CORNELL CROSS | r NG | |
| CITY-ST-ZIP | KENNESAW GA | | | 1.4 CITY-ST | r-zip | KENNESAW GA 30144 | | |
| TITLE | | ☐ DELE | TE | 2.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | | 2.2 NAME | | • | | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | المسترسورسك الماليان | | | 2. 4 CITY-S | 3-ZiP | يميئن يو ديد يوديده | | * |
| TITLE | | ☐ DELE | TE | 3.1 TITLE | | | Change | Addition |
| NAME | | | | 3.2 NAME | | • | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4. CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELE | TE | 4.1 TITLE | | | Change | Addition |
| NAME | | | | 4.2 NAME | ` | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-S1 | | | | |
| TITLE | | ☐ DELE | TE | 5.1 TITLE | | | Change | Addition |
| NAME | | | | 5.2 NAME |] | | | |
| STREET ADDRESS | | | | 5.3 STREET | ADDRESS | • | | |
| CITY-ST-ZIP | | | | 5.4 CITY-S1 | r-ZIP | | | |
| TITLE | - 10- | ☐ DELE | TE | 6.1 TITLE | | | Change | ☐ Addition |
| | l | _ | | SO NAME | Į | • | | |

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 chapged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat

770-419-4662

CR2F034 (11)