DOCUMENT # 344878

1. Entity Name

WILTCHER INDUSTRIES, INC.

4222 CORNELL CROSSING

Principal Place of Business

Mailing Address

4222 CORNELL CROSSING

FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90026 008 ***150.00

KENNESAW GA 30144 US			KENNESAW GA 30144-6127 US				. 1887-PR (11/1 81811 GCRH) (81/1 (884) 1884)	1 818 11 8 1812	Digil Gilli Gilli	 	
2. Principal Place of Business			3. Mailing Address			_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	SPACE		
City & Stat	e		City & State			4. FEI Number 59-1497345-				plied For t Applicable	
Zip	Country		Zip	Country		5. (Certificate of Status Desired		\$8.75 Add	litional	
	6. Name	and Address of Current F	egistered Agent			7. 1	Name and Address of New Reg	istered A	gent		
ROWAN, F. LEIGNTON JR 9703 CRILL AVE					Name Street Address (P.O. Box Number is Not Acceptable)						
	ATKA FL 32				City				Zip Code	3	
OLON LATELINE		y submits this statement for					ent, or both, in the State of Florio	FL da.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St								
11,		OFFICERS AND D	DIRECTORS	12.		AE	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11	
TITLE	PTD		Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	4222 COI	R, JEFFREY L RNELL CROSSING W GA 30144			E Et address -St-zip						
TITLE	S		Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	4220 COI	R, MARY L RNELL CROSSING W GA 30144	· •.	STRE	ET ADDRESS -ST-ZIP	÷	-	· .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		,	☐ Delete						Change	Addition	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Lawiltder

4-12-00