1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 389146

MCMULLAN INVESTMENT COMPANY

Principal Place of Business

SUITE 710. 100 COLONY SQUARE
1175 PEACHTREE ST. NE
ATLANTA GA 30361
IIS

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P. O. BOX 8779 ATLANTA GA 31106

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90070 039 ***150.00

3. Date Incorporated or Qualifed

09/30/1971

<u>59-1381165</u>

4. FEI Number



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

22		27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing	¬ \$5.00	May Ro
23	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current		
24	25 29				Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg		
	•	· · · · · · · · · · · · · · · · · · ·	81	Name			
MCMULLAN, JOHN F				<u> </u>			
4986 SEA WATCH DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
AMELIA ISLAND FL 32034			83	83			
garanti kanana mere			84	,	र रिनियं । इ.स्ट्री वे हिन्दी रिनियं सम्बद्धाः ३	FL '	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above	e-named cor	poration submits this statement for the pur	pose of changing its	registered
	egistered agent, or both, in the State im familiar with, and accept the oblig				tion's board of directors. I hereby accept the	e appointment as re	gistered
SIGNATURE			Owww.				
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered Agen	t signature requir	red when reinstating)	DATE	 :
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		 * 1 = ([2.1 + 122]) 	☐ Change	Addition
NAME	MCMULLAN, JOHN F		1.2 NAME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STREET ADDRESS	4000 000 11110011 0000		1.3 STREET	ADORESS			
CITY-ST-ZIP	AMELIA ISLAND FL 32034			i			
TITLE	S	DELETE	1.4 CITY-ST	- 2117		□ Ch	□ Audut
NAME	MCMULLAN, MARILYN	LJ OLLETE	i			☐ Change	☐ Addition
			2.2 NAME				
STREET ADDRESS	4986 SEA WATCH DRIVE		2.3 STREET				
CITY-ST-ZIP	AMELIA ISLAND FL 32034		2. 4 CITY - S	T-ZIP		,	
TITLE		☐ DELETE	3.1 TITLE		•	☐ Change	☐ Addition
NAME	A CONTRACTOR OF THE CONTRACTOR		3.2 NAME				
STREET ADORESS			3.3 STREET	ADDRESS	er desperator de estato de la compansión de	وعاد فالمستعدد والمستعدد والمستعدد	w . within sec.
CITY-ST-ZIP			3.4. C/TY-S1	r-ZiP		建的物理	
TITLE		☐ DELETE	4.1 TITLE			Chánge ;	Addition
NAME			4.2 NAME		·	• • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY ST-ZIP			4.4 CITY-ST				
TITLE		☐ DÉLETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		* * *	∵ Suggiste	
STREET ADDRESS			5.3 STREET	ADDRESS	• * • * · ·	•	
CITY-ST-ZIP	F v		5.4 CITY-ST		★ Sept.		
TITLE	garage	☐ DELETE	6.1 TITLE			[]Charrie	
NAME		C) Dette (e	6.2 NAME	1		☐ Change	☐ Addition
	5			100000			
STREET ADDRESS	•		6.3 STREET				
CITY-ST-ZIP			6.4 CITY-ST-		Section 119 07(3)(i) Florida Statutes I fur		

• I nereby 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, on an accurate with an address, with all other like empowered.

SIGNATURE:

HONATURE AND TOPED ON PRINTED NAME OF PLANING OFFICER OR DIRECTOR

(/(5/55

404-873-191

Daytime Phone

2F034 (11/98)