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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 568858

(5)

SPACEWALL, INC.

Principal Place of Business

Mailing Address

4509 STONEGATE IND BLVD STONE MOUNTAIN GA 30083 US 4509 STONE GATE INDUSTRIAL BLVD PO BOX 659 STONE MINT GA 20096-0659 FILED
Jun 16 1997 8:00am
Secretary of State



US		STONE MNT GA 30086-0659							
I						 Date Incorporated or Qualified 04/18/1978 		te of Last f)9/1996	Report
2. Principal f	Place of Business	2a. Mailing Address					pplied For		
		26			59-1819412		N	lot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27			6. Commence of Standar Desired		Fee R	Required	
City & Sta	ite	City & State			6. Election Campaign Financing	_	\$5.00	May Be	
23		28		. 		Trust Fund Contribution			to Fees
Zip	Country	Zip	c	ountry	1	8. This corporation has liability for			s. 199.032,
24	25	29	30			Ftorida Statutes	Yes 💮	No	
·	9. Name and Address of Curren	t Registered Agent		81	T	10. Name and Address of New Ke	distered A	gent	
CT CORPORATION SYSTEM					Name				
1200 S. PINE ISLAND ROAD				B2	Street Ad	ldress (P.O. Box Number is Not Acceptab	(0)		
PL/	ANTATION FL 33324			CAI GET FAIR					
				63					
				84	Cit.			05 7 7in	0-4-
				64	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed harve of registered age				erit signature i é e	quiree when reinstating)	DATE		·
12.	OFFICERS AND		1:			ADDITIONS/CHANGES TO OFFIC			
TITLE	P	DELETE	1.1	HILF				Change	Addition Addition
NAME	JOHNSON, HUEY L.		1.3	NAME					
STREET ADDRESS			1.3	STREET	ADDRESS				
CITY-ST-ZIP	ALPHARETTA GA		17	CHY-S	31 - 7IP		***************************************		
TITLE	 S	DELETE	2.	TITLE				Change	Addition
NAME	COOK, JT		2.3	2.2 NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP	STONE MOUNTAIN GA		2.	2. 4 CHY+S1-21P					
TITLE	AS DELETE		3.1	TITLE				☐ Change	Addition Addition
NAME	JONES, DONNA		3.5	NAME					
STREET ADDRESS			3.0	STREET	ADDRESS				
CITY-ST-2IP	STONE MOUNTAIN GA		3.4	. C(1Y-	S1 - 21P				
TITLE	ν	DELETE	4.1	THLE				Change	Addition
NAME	JOHNSON, MARIANNE H.		4.	2 NAME					
STREET ADDRESS			4:	I \$TREE!	ADDRESS				
CITY-ST-ZIP	ALMARETTA GA			C 1Y - 5	T - 7IP				
TITLE		☐ DELETE		TITLE				Change	Addition
NAME			5.2	NAME	1				
STREET ADDRESS			5.0	STREET	ADDRESS				
CITY-ST-ZIP				CHY-5	T-ZIP				
T.T. F	1	05,575						I Ohanaa	Addition
TITLE		DELETE	6.	TITLE				Change	L.J Addition
NAME		[_] DELETE		NAME				Change	L) Modition
		□ DECEIE	6.2	NAME	ADDRESS			Change	L) Addition

4. I do 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: James T. COOK 5/29/27 404/284.9.