

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 008 ***150.00

DOCUMENT # 569772

1. Corporation Name
NEW ALLIED, INC.

Principal Place of Business

3550 COLONIAL BLVD
P.O. BOX 209
FORT MYERS FL 33906
US

Mailing Address

577 MULBERRY STREET
P.O. BOX 209
MACON GA 31298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1978

4. FEI Number

58-1324269

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6950 Columbia Gateway Dr

Suite, Apt. #, etc.

22

City & State

23 Columbia, MD

Zip Country

24 21046 25

2a. Mailing Address

26 577 Mulberry St

Suite, Apt. #, etc.

27

City & State

28 Macon, GA

Zip Country

29 31202 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE
NAME HARBIN, HENRY T. M
STREET ADDRESS 5565 STERRETT PLACE, STE 500
CITY-ST-ZIP COLUMBIA MD 21044

TITLE D ☒ DELETE
NAME MCKNIGHT, CRAIG L.
STREET ADDRESS 3414 PEACHTREE RD NE STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☒ DELETE
NAME MCLURE, HOWARD
STREET ADDRESS 3414 PEACHTREE RD NE STE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE S ☒ DELETE
NAME ROMANO, NICHOLAS
STREET ADDRESS 3550 COLONIAL BLVD
CITY-ST-ZIP FT. MYERS FL 33912

TITLE AS ☐ DELETE
NAME HUDKINS, JEFFREY T.
STREET ADDRESS 577 MULBERRY ST
CITY-ST-ZIP MACON, GA 00000 31202

TITLE T ☐ DELETE
NAME SANFORD, CHARLOTTE A.
STREET ADDRESS 3414 PEACHTREE ROAD, NE. SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres ☐ Change ☒ Addition
1.2 NAME D. Keith Brown
1.3 STREET ADDRESS 3414 Peachtree Rd NE Ste 1400
1.4 CITY-ST-ZIP Atlanta, GA 30326

2.1 TITLE Dir. ☐ Change ☒ Addition
2.2 NAME J. Kevin Helms
2.3 STREET ADDRESS 3414 Peachtree Rd NE Ste 1400
2.4 CITY-ST-ZIP Atlanta, GA 30326

3.1 TITLE VP/AS ☐ Change ☒ Addition
3.2 NAME Margie M. Smith
3.3 STREET ADDRESS 577 Mulberry St.
3.4 CITY-ST-ZIP Macon, GA 31202

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME Linton C. Neolin
4.3 STREET ADDRESS 577 Mulberry St.
4.4 CITY-ST-ZIP Macon, GA 31202

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Margie M. Smith MARGIE M. SMITH

2/11/99

912-742-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)