

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 639284 (9)  
1. Corporation Name  
S.G. WEST & SONS, INC.



Principal Place of Business  
8401 SPRINGHILL RD  
TALLAHASSEE FL 32310  
US

Mailing Address  
922 E LAFAYETTE 'C'  
TALLAHASSEE FL 32301  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 3827 Suite, Apt. #, etc. 22 1925 N. Monroe St. City & State 23 Tallahassee, FL Zip 24 32315-3827 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 10/10/1979	
		4. FEI Number 59-1950571		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LINTON, SARAH G. WEST 8401 SPRINGHILL ROAD TALLAHASSEE FL 32310		10. Name and Address of New Registered Agent 81 Name Sarah Lynn Freeman-Rees 82 Street Address (P.O. Box Number is Not Acceptable) 922 E. Lafayette St., C 83 84 City Tallahassee, FL 85 Zip Code 32301	
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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: Sarah Lynn Freeman-Rees, Pres. 4-24-98  
Signature, typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President / V. Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Sarah Lynn Freeman-Rees
STREET ADDRESS		2.3 STREET ADDRESS	618 Sorrell Court
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lawrenceville, GA 30043
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Sect. Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Paul A. Posey, P.R. - For Estate of Sarah G. Linton
STREET ADDRESS		3.3 STREET ADDRESS	922 E. Lafayette St., C
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Leslie F. Wortman
STREET ADDRESS		4.3 STREET ADDRESS	5 Chachapacasset Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Barrington, RI 02806
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Paul A. Posey, P.R. 4/24/98 (850) 656-1011

CR2E034 (10/97)