2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90003 033 ***550.00

DOCUMENT # 818119

1. Entity Name
ALCON ASSOCIATES, INC.

54064568

Principal Place of Business	Mailing Address
POST OFFICE BOX 3410 201 BALDWIN DRIVE ALBANY, GA 31708	POST OFFICE BOX 3410 201 BALDWIN DRIVE ALBANY, GA 31708

07012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
201 Baldwin Drive Suite, Apt. #, etc.	201 Baldwin Drive Suite, Apt. #, etc.
City & State: Albany, Georgia	City & State: Albany, Georgia
Zip: 31707 Country: USA	Zip: 31707 Country: USA

4. FEI Number: 58-0943488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEWELL, ROY 201 BALDWIN DR. ALBANY, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President Newell, Roy 201 Baldwin Drive Albany, GA 31707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS HUNKELE, JOE 201 BALDWIN DR. ALBANY, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Hunkele, J.M., Sr. 201 Baldwin Drive Albany, GA 31707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BRYAN, L D III 201 BALDWIN DR. ALBANY, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, ROBERT 201 BALDWIN DR. ALBANY, GA 31707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/COO, South Region Thompson, Robert M. 201 Baldwin Drive Albany, GA 31707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/COO, North Region Sklanka, Anthony T. 2593 Kennesaw Due West Rd., Suite 100 Kennesaw, GA 30144	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Wayland M. Keith 201 Baldwin Drive Albany, GA 31707	☐ Change ☒ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Robert M. Thompson July 2, 2004 229-432-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #