


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

FILED  
May 05 1998 8:00am  
Secretary of State

* PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 819840 (0)					
1. Corporation Name THE MCBURNEY CORPORATION					
Principal Place of Business 4274 SHACKLEFORD ROAD P.O. BOX 1827 NORCROSS GA 30091			Mailing Address 4274 SHACKLEFORD ROAD P.O. BOX 1827 NORCROSS GA 30091		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1966	
21		26		4. FEI Number 58-0965224	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29	
24		30		9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
25		31		10. Name and Address of New Registered Agent	
29		32		81 Name	
30		33		82 Street Address (P.O. Box Number is Not Acceptable)	
31		34		83	
32		35		84 City	
33		36		85 Zip Code	
34		37		FL	
35		38		4/10/98	
36		39		11. Pursuant to the provisions of Sections 607.0102 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.	
37		40		SIGNATURE Richard Parker	
38		41		(NOTE: Registered Agent signature required when reinstating)	
39		42		DATE	
40		43		12. OFFICERS AND DIRECTORS	
41		44		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
42		45		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
43		46		1.2 NAME	
44		47		1.3 STREET ADDRESS	
45		48		1.4 CITY-ST-ZIP	
46		49		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
47		50		2.2 NAME	
48		51		2.3 STREET ADDRESS	
49		52		2.4 CITY-ST-ZIP	
50		53		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
51		54		3.2 NAME	
52		55		3.3 STREET ADDRESS	
53		56		3.4 CITY-ST-ZIP	
54		57		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
55		58		4.2 NAME	
56		59		4.3 STREET ADDRESS	
57		60		4.4 CITY-ST-ZIP	
58		61		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
59		62		5.2 NAME	
60		63		5.3 STREET ADDRESS	
61		64		5.4 CITY-ST-ZIP	
62		65		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
63		66		6.2 NAME	
64		67		6.3 STREET ADDRESS	
65		68		6.4 CITY-ST-ZIP	
66		69		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.	
67		70		SIGNATURE: Richard Parker	
68		71		4/27/98	
69		72		770 925 7100	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)