

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **827173** (6)
1. Corporation Name
ABRAMS CONSTRUCTION, INC.



Principal Place of Business 5775-A GLENRIDGE DR. ATLANTA GA 30328 US	Mailing Address 1945 THE EXCHANGE SUITE 350 ATLANTA GA 30339-2029 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1945 THE EXCHANGE, Suite, Apt. #, etc. 22 SUITE 350 City & State 23 ATLANTA, GA Zip 24 30339	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA	3. Date Incorporated or Qualified 12/09/1971	4. FEI Number 58-1093980 Applied For <input type="checkbox"/> 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	
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		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S NAME STOCK, T.F. STREET ADDRESS 5775-A GLENRIDGE DR NE CITY-ST-ZIP ATLANTA, GA 0	<input type="checkbox"/> DELETE	1.1 TITLE 1945 THE EXCHANGE, SUITE 350 1.2 NAME ATLANTA, GA 30339 1.3 STREET ADDRESS ATLANTA, GA 30339 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ABRAMS, E M STREET ADDRESS 5775-A GLENRIDGE DR NE CITY-ST-ZIP ATLANTA, GA 0	<input type="checkbox"/> DELETE	2.1 TITLE 1945 THE EXCHANGE, SUITE 300 2.2 NAME ATLANTA, GA 30339 2.3 STREET ADDRESS ATLANTA, GA 30339 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RUBIN, J. H. STREET ADDRESS 5775-A GLENRIDGE DR NE CITY-ST-ZIP ATLANTA, GA 0	<input type="checkbox"/> DELETE	3.1 TITLE 1945 THE EXCHANGE, SUITE 350 3.2 NAME ATLANTA, GA 30339 3.3 STREET ADDRESS ATLANTA, GA 30339 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME STOCK, T F STREET ADDRESS 5775-A GLENRIDGE DR NE CITY-ST-ZIP ATLANTA, GA 0	<input type="checkbox"/> DELETE	4.1 TITLE 1945 THE EXCHANGE, SUITE 350 4.2 NAME ATLANTA, GA 30339 4.3 STREET ADDRESS ATLANTA, GA 30339 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME MERRITT, B. M. STREET ADDRESS 5775-A GLENRIDGE DR CITY-ST-ZIP ATLANTA GA	<input type="checkbox"/> DELETE	5.1 TITLE 1945 THE EXCHANGE, SUITE 350 5.2 NAME ATLANTA, GA 30339 5.3 STREET ADDRESS ATLANTA, GA 30339 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE VP 6.2 NAME George Hedges, Jr. 6.3 STREET ADDRESS 1945 The Exchange, Suite 350 6.4 CITY-ST-ZIP Atlanta, GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 a signature.

SIGNATURE: **T.F. STOCK**
SECRETARY-TREASURER 4/22/97 770-952-3555

CR2E034 (10/97)