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

PROFIT CORPORATION ANNUAL REPORT

1998

1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(2)

FILED Apr 02 1998 8:00am Secretary of State

GEOR	GIA THAN	NSP	ORTERS, INC.					_					
Principal Plac	e of Busines	ss		М	ailing Address					t ingeler inten tittl birkt laten mill tillt dift			
113 CHERRY STREET 113 CHERRY STREET													
PANAMA CITY FL 32401 PANAMA CITY FL 32401						1				DO NOT WRITE IN T	HIS SPACE		
									-	3. Date Incorporated or Qualified			
										08/16/1976		ľ	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number		Applied For	
21					26					58-0627630		lot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional	
City & State					City & State							Pequired	
23					28					Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country			1201	Zip Counti			1		8. This corporation owes or has paid the			
24	25			29	າ ' ⊢—າ					Personal Property Tax due June 30.		□ No	
	9, Name		Address of Current		tered Agent		Π		1	10. Name and Address of New Registe	red Agent		
W	HITAKER, (C.B.	JR.				81	Name					
113 CHERRY ST					į			Street A	ddress	Iress (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32401													
								63					
							84	City		····	85 Zir	Code	
44 0	1 M		10-1-007-0500		07.4500.51.51								
office or r	to the provis registered a	gent, (or Sections 607.0502 or both, in the State (of Flori	da. Such change was	ites, the i authoriza	above ed by	e-named c / the corpo	orpora oration	ation submits this statement for the purpor's board of directors. I hereby accept the	se or changing appointment a	s registered	
agent. I a	ım familiar w	rith, ar	nd accept the obliga	tions o	f, Section 607.0505, F	torida Sta	atutes	S .					
SIGNATURE	Signature types	d or prin	led name of registrated agen	and title	d applicable (NO	TF: Begisler	ed Age	eni signalura ra	equired w	vhen reinstating) DA	TF.		
12.	Organia V. typica		OFFICERS AND			13.		o grado o y	oquire ii	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
TITLE	DST	_			DELETE	1.1	TITLE				☐ Change	☐ Addition	
NAME			JULIANNE H.			1.2	NAME					İ	
STREET ADDRESS	L ·		ACES MILL RD			1.3	STREET	ADDRESS					
CITY-ST-ZIP		TA, (3A 00000			1.41	CITY-S	T-ZIP					
TITLE	DP				☐ DELETE	2.1	TITLE	- 1			Change	Addition]	
NAME			CB, JR			2.21	NAME						
STREET ADDRESS		-	Y ST, UNIT 2			2.3	STREET	ADDRESS					
CITY - ST - ZIP	PANAM	MA C	IT FL		DELETE	_		ST-ZIP		<u> </u>	Change	Addition	
TITLE		1 =	izabeth W.		T) DEFEIR		TITLE				L Change		
NAME STREET ADDROCCO			ACES MILL RD				NAME	ADDOCOO		·		1	
STREET ADDRESS	ATLAN							ADDRESS					
CITY-ST-ZIP TITLE	DV				DELETE		TITLE	ST-ZIP			☐ Change	☐ Addition	
NAME		KER.	C B, NI				NAME	-					
STREET ADDRESS			ACES MILL RD					ADDRESS					
CITY-ST-ZIP	ATLAN	TA, C	3A 00000				CITY-S						
TITLE					☐ DELETE		FITLE				Change	Addition	
NAME						5.21	NAME	-					
STREET ADDRESS						5.3	STREET	ADDRESS					
CITY-ST-ZIP	<u> </u>					5.4	CITY-S	ST-ZIP					
TITLE					☐ DELETE	6.1	TITLE				☐ Change	Addition	
NAME						6.2	NAME						
STREET ADDRESS						6.3	STREET	ADDRESS				1	
CITY-ST-ZIP	L						CITY-S			ation 110 (17/2)/i) Elevido Statutos I fudb			

I hereby certify that the information supplied with this filling 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 agourate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received or this tengency of the steep 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 all partners.

SIGNATURE:

3-27-98 404 355 8220