PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 844450

CONVEYORS AND DRIVES, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90026 037 ***150.00

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Principal Place	e of Business	Ma	ailing Address				f ibbilt latt; alett atatt atat attt ant erast at	ite Malker derbee w	ilist minni teni	
1738 MACARTHUR BLVD. N.W.		173	1738 MACARTHUR BLVD. N.W.							
PO BOX 19955. STATION N			PO BOX 19955. STATION N				DO NOT WRITE IN THIS SPACE			
ATLANTA GA 30318		ATI	ATLANTA GA 30318				3. Date Incorporated or Qualifed			
							10/25/1979			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number	Ap	plied For	
21		26					58-1075828	No	t Applicable	
Suite, Apt.	#, etc.	 -	Suite, Apt. #, etc.		-		5Certificate of Status Desired	\$8.75		
22		27				- 	3Certificate of Status Desired — (2)	Fee Re	quired'	
City & State	e		City & State				6. Election Campaign Financing	\$5.00		١
23		28					Trust Fund Contribution	Added t	o Fees	
Zip	Country	<u> </u>	Zip		untry		8. This corporation owes the current year Inta		□ No.	
24	25	29		30	T		Personal Property Tax. 10. Name and Address of New Registered A	Yes	□No	
	9. Name and Address of Curre	nt Regis	stered Agent		81	Name	IV. Name and Address of New Registered A	(Bent		
CT C	CODDODATION SYSTEM					Hamo				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						Street Add	ess (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324				83					
104	WATION TE 33324									
					84	City	FL	85 Zip (Code	
11 Burnings	to the provisions of Sections 607.05	02 and 6	07 1508 Florida Statut	es the a	L_L	-named cor	moration submits this statement for the purpose of o	hanging its	registered	
office or n	registered agent or both in the State	a of Fioric	da. Such change was a	uthonze	a by ti	he corporat	tion's board of directors. I hereby accept the appoin	tment as re	gistered	
agent. I a	m familiar with, and accept the oblig	ations of,	, Section 607.0505, Fig	nda Stat	utes.					,
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOTE	Registered	d Agent	signature requi	ired when reinstating) DATE			=
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTO	RS IN 12	80
TITLE	100			_				Change	Addition	-
	I VPS		☐ DELETE	1.3 TI	ITLE]		☐ Change	_	
NAME	VPS FULGHUM, LARRY W		☐ DELETE	1.1 TI 1.2 N				□ Citatige	_	75
	FULGHUM, LARRY W		☐ DELETE	1.2 N	AME	ADORESS		□ change	_	F034./11
NAME	FULGHUM, LARRY W 1277 INDEPENDENCE WAY		☐ DELETE	1.2 N 1.3 S	AME	1		Change		R2F034
NAME STREET ADDRESS	FULGHUM, LARRY W		☐ DELETE	1.2 N 1.3 S	TREET	1		Change	☐ Addition	0
NAME STREET ADDRESS CITY-ST-ZIP	FULGHUM, LARRY W 1277 INDEPENDENCE WAY MARIETTA, GA 00000 PD			1.2 N 1.3 S 1.4 C	TREET / TTY-ST- TTLE	1			☐ Addition	0
NAME STREET ADDRESS CITY-ST-ZIP TITLE	FULGHUM, LARRY W 1277 INDEPENDENCE WAY MARIETTA, GA 00000			12 N 1.3 S 1.4 C 2.1 TI 22 N	TREET / TTY-ST- TTLE IAME	1			☐ Addition	0
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FULGHUM, LARRY W 1277 INDEPENDENCE WAY MARIETTA, GA 00000 PD ASHLEY, L GARY 5109 SHERIDAN LN			12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S	TREET / ITY-ST- ITLE AME	-ZIP		☐ Change		0
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14. Thereby 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.

SIGNATURE:

| A sh1 ey | 3/18/99 | 404-355-1511

Date

Daytime Phone #