

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90091 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 846936**

1. Corporation Name  
**APAC, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>900 ASHWOOD PKY</b> <b>700</b> <b>ATLANTA GA 30338</b> <b>US</b>	Mailing Address <b>P.O. BOX 14000</b> <b>LEXINGTON Y 40512</b> <b>US</b>
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3. Date Incorporated or Qualified <b>09/10/1980</b>
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2. Principal Place of Business 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip 24 [ ]	2a. Mailing Address 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip 29 [ ]
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4. FEI Number <b>58-1401470</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>660 EAST JEFFERSON STREET</b> <b>TALLAHASSEE FL 32301</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	POTTS, CHARLES F.
STREET ADDRESS	900 ASHWOOD PKWY
CITY-ST-ZIP	ATLANTA GA
TITLE	V <input type="checkbox"/> DELETE
NAME	OGREN, ELDON L.
STREET ADDRESS	900 ASHWOOD PKWY
CITY-ST-ZIP	ATLANTA GA
TITLE	T <input type="checkbox"/> DELETE
NAME	KIRK, DONALD R.
STREET ADDRESS	900 ASHWOOD PKWY
CITY-ST-ZIP	ATLANTA GA
TITLE	VPSD <input type="checkbox"/> DELETE
NAME	MEYER, PAUL S
STREET ADDRESS	1000 ASHLAND DR
CITY-ST-ZIP	RUSSELL KY 41169
TITLE	VPAS <input type="checkbox"/> DELETE
NAME	PACE, RAY M
STREET ADDRESS	3499 DABNEY DRIVE
CITY-ST-ZIP	LEXINGTON KY 40509
TITLE	VPAS <input checked="" type="checkbox"/> DELETE
NAME	ELLIS, CHARLES D.
STREET ADDRESS	3499 DABNEY DRIVE
CITY-ST-ZIP	LEXINGTON KY 40512

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VPAS
6.3 STREET ADDRESS	Jones, Richard A.
6.4 CITY-ST-ZIP	3499 Dabney Drive Lexington KY 40512

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 with all other like empowered.

SIGNATURE:  Richard A Jones 2/9/99 (606) 357-7484  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)