

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

001215

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90124 015 ***150.00

DOCUMENT # 848166

1. Corporation Name CARL ERIC JOHNSON, INC.



Principal Place of Business 3007 NORTH DECATUR ROAD DECATUR GA 30033 Mailing Address 3007 NORTH DECATUR ROAD DECATUR GA 30033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2171 Tucker Ind'l. Rd.	26	2171 Tucker Ind'l. Rd.	02/04/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				58-0918468	
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 Tucker, GA		28 Tucker, Ga.		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 30084 25 USA		29 30084 30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MINTON, STAN 34921 U.S. HIGHWAY 19 N., STE 420 PALM HARBOR FL 34684				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFFEW, ROY E	1.2 NAME	
STREET ADDRESS	3007 N DECATUR RD	1.3 STREET ADDRESS	2171 Tucker Ind'l. Rd.
CITY-ST-ZIP	DECATUR GA	1.4 CITY-ST-ZIP	Tucker, Ga. 30084
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADIGAN, FAYE T	2.2 NAME	
STREET ADDRESS	3007 N DECATUR RD	2.3 STREET ADDRESS	2171 Tucker Ind'l. Rd.
CITY-ST-ZIP	DECATUR GA	2.4 CITY-ST-ZIP	Tucker, Ga. 30084
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, DANIEL	3.2 NAME	
STREET ADDRESS	3007 N DECATUR RD	3.3 STREET ADDRESS	2171 Tucker Ind'l. Rd.
CITY-ST-ZIP	DECATUR GA	3.4 CITY-ST-ZIP	Tucker, Ga. 30084
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Faye T Madigan Date: 3/23/99 Daytime Phone #: 770-491-9000

CR2E034 (1/198)