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

**FILED** Feb 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 853719 (3)BATES & ASSOCIATES, INC. Principal Place of Business Maiting Address 210 AIRPORT RD. 210 AIRPORT RD. P.O. BOX 856 P.O. BOX 856 BAINBRIDGE GA \$1717 BAINBRIDGE GA 31717 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-0872699 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Žip Country 8. This corporation owes or has paid the current year Intangible □ Ño Personal Property Tax due June 30. ☐ Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.1 TITLE LEE, STEVEN M. NAME 1.2 NAME LAKE DOUGLAS RD. STREET ADDRESS 1.3 STREET ADDRESS BAINBRIDGE GA. CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WEBB, EUGENE S. NAME 2.2 NAME **DOGWOOD ACRES STREET ADDRESS** 2.3 STREET ADDRESS BAINBRIDGE GA. CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WIGGINS, MICHAEL L. NAME 3.2 NAME 1996 THOMAS DRIVE STREET ADDRESS 3.3 STREET ADDRESS **BAINBRIDGE GA** CITY-ST-ZIP 3.4 CITY-ST-7IP VD DELETE Change \_\_\_ Addition TITLE 4.1 TITLE BEERS, JOHN R NAME 4 2 NAME 2008 LAKEWOOD CT STREET ADDRESS 4.3 STREET ADDRESS **BAINBRIDGE GA** CITY-ST-ZIP 4.4 CITY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an eithis report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 City-St-ZIP

6.1 TITLE

DELETE

CIGNATURE: Steven M. Lee, President

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIE

2-2-98

912/246-4312

Change

Addition