2000 UNIFORM BUSINESS REPORT (UBR)

r. Cittify Man	MENT # 857469 OAM NORTH AMERICA		Apr 27, 2000 08:00 AM Secretary of State				
581 SIGMAN I STE 500 CONYERS	GA	Mailing Address P. O. BOX 406 CONYERS	GA				
2. Principal P	US Place of Business	3. Mailing Address	US				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		 TON 0.0	WRITE IN THIS	SPACE	
City & State		City & State		4. FEI Number 52-1201355		 	plied For
Zip	Country	Zip	Country	5. Certificate of Status Des	ired 🔲	\$8.75 Add	litional
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of N	lew Registered	Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324 . US						,	
	named entity submits this statement for		City		FI	Zip Code	9
Tax filing r	Signature, typed or printed name of registered egent as praction is eligible to satisfy its Intangible equirement and elects to do so, as on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	FEE IS \$150 0 Fee will be \$	550.00 Trust Fund Contr			O May Be to Fees
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINSON CONNIE 581 SIGMAN ROAD CONYERS	☐ Delete GA 30208	T.TLE NAME STREET ADDRESS CITY-ST-ZIP	ST PINSON CONNIE 581 SIGMAN ROAD CONYERS	GA	30213	Addition
TITLE	v	☐ Delete	T.TLE	v		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	HANSON CLIFF A. 1961 INDUSTRIAL BLVD CONYERS	GA	NAME STREET ADDRESS CITY-ST-ZIP	HANSON CLIFF A. 1961 INDUSTRIAL BLVD CONYERS	GA	30012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON JOHN 1961 INDUSTRIAL BLVD CONYERS	☐ Delete GA 30012	T TLE NAME STPEET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TURNER CARL R. FURNACE ST STANHOPE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER CARL R. FURNACE ST STANHOPE	NJ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARDNER STEVE 16 BARON PARK RD FALMOUTH	Delete VA 22405	TITLE NAME STREET AUDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	PD BONTRAGER, GREG R. 581 SIGMAN ROAD CONYERS	☐ Delete GA 30208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BONTRAGER, GREG R. 581 SIGMAN ROAD CONYERS	GA	30213	☐ Addition

MONATURE, C + D: CE ALGEG

^{13.} 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.