FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90063 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9200000646

MARK C. POPE ASSOCIATES, INC.

Principal Place of Business			Mailing Address						j lødlide nise ferne nærr nærr		Bill Balli Eat		ii Ban Briti chat	
4910 MARTIN COURT			P. O. BOX 1517						}					
SMYRNA GA 30082				SMYRNA GA 30081-1517						DO NOT W	IDITE IN T	1110 0040	_	
US US				3				}	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
									- [12/11/1992	eu			
2 Oringinal Di	lose of Busin		1 30	Mailing /	Adress					12/11/1992 4. FEI Number		Ī	Δn	plied For
2. Principal Place of Business			2a. Mailing Address							58-1020746				Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.								\$8		dditional
22				27						5Certifcate of Status Desired				quired
City & State			1	City & State						6. Election Campaign Financin	na	\$5	5.00	May Be
23			28							Trust Fund Contribution	'9 🗆			Fees
Zip		Country		Zip		Cou	ntry			8. This corporation owes the o	urrent yea	r Intangible	,	
24		25	29			30				Personal Property Tax.		☐ Ye	5	□No
	9. Name	and Address of Curren	t Regis	stered Age	ent					10. Name and Address of Ne	w Registe	red Agent		_
	^^000	TON OVOTEM					81	Name						
		ION SYSTEM					82	Street A	ddres	s (P.O. Box Number is Not Acce	eptable)			
	S. PINE IS													
PLAN	NTATION FL	. 33324					83							
							84	City				85	Zip C	ode
								•						
office or re	egistered age	ons of Sections 607.0502 ent, or both, in the State o h, and accept the obligat	of Flori	da. Such c	hange was a	uthorized	i by tr	named control	orpora ation'	ation submits this statement for a submit statement for a submit statement for a submit submi	cept the a	ppointment	as reç	jistered
SIGNATURE				, , , , , , , , , , , , , , , , , , , ,	707.0000, 110	.,								
SIGNATURE	Signature, typed	or printed name of registered agen		if applicable.		Registered		signature req	quired w	rhen reinstating)	DATI			
12.		or printed name of registered agen		if applicable.	(NOTE	Registered	Agent :	signature req	quired w	nten reinstating) ADDITIONS/CHANGES TO		AND DIR		
12.	PDC	OFFICERS AN		if applicable.		13.	Agent :	signature req	quired w					RS IN 12
12. TITLE NAME	PDC JOSEY, S	OFFICERS AN		if applicable.	(NOTE	13.	Agent :		quired w			AND DIR		
12.	PDC JOSEY, S 4779 OLD	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD		if applicable.	(NOTE	13. 1.1 TF 1.2 N/ 1.3 ST	Agent :	ADDRESS	quired w			AND DIR		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JOSEY, S 4779 OLD MARIETTA	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD		if applicable. ECTORS	(NOTE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	Agent : TLE AME REET A	ADDRESS	quired w			S AND DIR	nange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDC JOSEY, S 4779 OLD MARIETTA VTD	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD I GA		if applicable. ECTORS	(NOTE	13. 1.3 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TF	Agent : TLE AME REET A TY-ST-	ADDRESS	quired w			AND DIR	nange	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD I GA GER, KARL		if applicable. ECTORS	(NOTE	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/	Agent : TLE WE REET A TY-ST- TLE	ADDRESS ZIP	quired w			S AND DIR	nange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD I GA GER, KARL NDYWINE PL		if applicable. ECTORS	(NOTE	13. 1.1 TI 1.2 NA 1.3 S1 1.4 CI 2.1 TI 2.2 NA 2.3 S1	Agent: TLE AME TY-ST- TLE AME	ADDRESS ZIP ADDRESS	quired w			S AND DIR	nange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD I GA GER, KARL NDYWINE PL		if applicable.	DELETE DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST - 2.4 CF	Agent: TLE AME TY-ST- TLE AME REET A	ADDRESS ZIP ADDRESS	quired w			S AND DIR	nange	☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD I GA GER, KARL NDYWINE PL I GA		if applicable.	(NOTE	13. 1.1 TI 1.2 NA 1.3 SI 1.4 CI 2.1 TI 2.2 NA 2.3 SI - 2.4 C 3.1 TI	Agent: TLE AME TY-ST- TLE AME TREET A TLE TREET A	ADDRESS ZIP ADDRESS	quired w			S AND DIR	nange	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD I GA GER, KARL NDYWINE PL I GA BARBARA G		if applicable.	DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST - 2.4 C 3.1 TI 3.2 NA	Agent: TLE AME TY-ST- TLE AME TY-ST- TLE TY-ST- TLE	ADDRESS -ZIP ADDRESS -ZIP	quired w			S AND DIR	nange	☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER 4026 RIDG	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD A GA GER, KARL NDYWINE PL A GA BARBARA G GE ROAD		if applicable.	DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST	Agent: TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	quired w			S AND DIR	nange	☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD A GA GER, KARL NDYWINE PL A GA BARBARA G GE ROAD		if applicable.	DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 SI 1.4 CI 2.1 TI 2.2 NA 2.3 SI 2.4 C 3.1 TI 3.2 NA 3.3 SI 3.4. C	Agent: ILE AME REET A ITY-ST- ILE AME REET A ITY-ST- ILE ITY-ST- ITY-ST- ITY-ST- ITY-ST-	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	quired w			S AND DIR	ange	☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER 4026 RIDG	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD A GA GER, KARL NDYWINE PL A GA BARBARA G GE ROAD		if applicable.	DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI	Agent : TLE TY-ST- TLE MME REET AME REET AME TITY-ST- TLE MME REET AME TREET AME TREET AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	quired w			S AND DIR	ange	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER 4026 RIDG	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD A GA GER, KARL NDYWINE PL A GA BARBARA G GE ROAD		if applicable.	DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CC 2.1 TI 2.2 NA 2.3 ST - 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4. C 4.1 TI 4.2 N	Agent: TLE REET A TLY-ST- TLE TLY-ST- TLE TLY-ST- TLE TLY-ST- TLE TLE TLE TLE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	quired w			S AND DIR	ange	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER 4026 RIDG	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD A GA GER, KARL NDYWINE PL A GA BARBARA G GE ROAD		if applicable.	DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CC 2.1 TI 2.2 NA 2.3 ST - 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4. C 4.1 TI 4.2 NA 4.3 ST	Agent: ILE MME REET A TY-ST- ILE MME REET A ITY-ST- ILE AME ITY-ST- ILE AME REET A REET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	quired w			S AND DIR	ange	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER 4026 RIDG	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD A GA GER, KARL NDYWINE PL A GA BARBARA G GE ROAD		if applicable.	DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CC 2.1 TI 2.2 NA 2.3 ST - 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4. C 4.1 TI 4.2 NA 4.3 ST	Agent: ILE MME REET A TY-ST- ILE MME REET A ITY-ST- ILE AME TY-ST- ILE AME TY-ST- ILE TY-ST- ILE TY-ST- ILE TY-ST- ILE TY-ST- ILE TY-ST- ITY-ST- ITY-S	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	quired w			S AND DIR	nange	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER 4026 RIDG	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD A GA GER, KARL NDYWINE PL A GA BARBARA G GE ROAD		if applicable.	DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CC 2.1 TI 2.2 NA 2.3 ST - 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4. C 4.1 TI 4.2 N 4.3 ST 4.4 CI	Agent : ILE MME REET A TY-ST- ILE MME REET A ITY-ST- ILE AME REET A TY-ST- ILE TY-ST- ILE TY-ST- ILE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	quired w			AND DIR	nange	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JOSEY, S 4779 OLD MARIETTA VTD GRETZING 3250 BRA MARIETTA SD STRAFER 4026 RIDG	OFFICERS AN TEPHEN L. I TIMBER RIDGE RD A GA GER, KARL NDYWINE PL A GA BARBARA G GE ROAD		if applicable.	DELETE DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CC 2.1 TI 2.2 NA 2.3 ST - 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4. C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NA	Agent : TLE MME REET A TY-ST- TLE MME REET A TTY-ST- TLE AME TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE MME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	quired w			AND DIR	nange	Addition Addition Addition

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition