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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOROMONOMAAR

1. Corporation	Name IVESTMENTS OF GEORGIA					
Principal Place	of Business	Mailing Address		-		1114 00151 01014 B1806 1131 1061
4412 FLETCHER ST. 4412 FLETCHER ST.						
PANAMA CITY FL 32405 PANAMA CITY FL 32405					DO NOT WRITE IN THIS S	SPACE
					3. Date Incorporated or Qualifed	
					01/28/1993	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			58-1536536	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required
City & State	<u> </u>	City & State			6: Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	- Country	y	8. This corporation owes the current year Inta	
24	25	29 3	30		1 Crostial 1 topolity 1 and	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent	81	II A2	10. Name and Address of New Registered A	gent
CADICTON THOMAC I ID				Name		
SABISTON, THOMAS J JR. 4412 FLETCHER ST.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32405			83	1		· ····
I AIRAMA OIT I E GETGG						
			84	City	FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	s, the abov	/e-named corr		changing its registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut	thorized by	the corporati	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	tment as registered
_	m ramiliar with, and accept the obliga	lions of, Section 607.0505, Florid	ua Glalule:	s.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE. F	Registered Age	ent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ANI	
TITLE	P	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	CABIOTON, THOMAS O CH		1.2 NAME		•	
STREET ADDRESS	THE FEETONEN ON			ET ADDRESS		
CITY-ST-ZIP			1.4 CITY-5 2.1 TITLE	ST-ZIP		☐ Change ☐ Addition
TITLE	VST		2.1 TITLE 2.2 NAME			
NAME STREET ADDRESS	Sabiston, Patricia G 4412 Fletcher St.			ET ADDRESS		
	PANAMA CITY FL 32405		2. 4 CITY-			
CITY-ST-ZIP TITLE	PARAMA OTT TE 32403	☐ DELETE	3.1 TITLE	31-21		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ET ADDRESS	-	-
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	<u>:</u>		
STREET ADDRESS	,		4.3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-5			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME 5.3 STREE	ET ADDRESS		
STREET ADDRESS			5.4 CITY-			
CITY-ST-ZIP		DELETE	6.1 TITLE			☐ Change ☐ Addition
TITLE			6.2 NAME			
NAME	i /		4-2			

14. I hereby certify that the information supplied with this filing does not qualfy 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 of the receiver of 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:

STREET ADDRESS

(850) 769-4345