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**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90105 044 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002347**

1. Corporation Name

**PICKREN ENTERPRISES, INC.**

Principal Place of Business

**704-B OSBORNE ST.  
ST. MARYS GA 31558  
US**

Mailing Address

**704-B OSBORNE ST  
ST. MARYS GA 31558  
US**

DO NOT WRITE IN THIS SPACE

-3. Date Incorporated or Qualified

**05/11/1993**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<b>58-0913889</b>	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	29	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HELLEMN, DALE W SR.  
RT. 1, BOX 202  
LEE FL 32059**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>P</b>	1.2 NAME
STREET ADDRESS <b>PICKREN, SAM SR.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP <b>211 MILLS LANE</b>	1.4 CITY-ST-ZIP
<b>FOLKSTON GA 31537</b>	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VP</b>	2.2 NAME
STREET ADDRESS <b>PICKREN, SAM JR.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP <b>103 MILLS LANE, P. O. BOX 804 N/A</b>	2.4 CITY-ST-ZIP
<b>FOLKSTON GA</b>	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ST</b>	3.2 NAME
STREET ADDRESS <b>PICKREN, FRANCES R</b>	3.3 STREET ADDRESS
CITY-ST-ZIP <b>211 MILLS LANE</b>	3.4 CITY-ST-ZIP
<b>FOLKSTON GA 31537</b>	
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:

*Steven R. Pickren* *Frances R. Pickren*

Date

*2/10/99*

Daytime Phone #

*912-882-3495*

CR2E034 (11/98)