FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002922 (3)

1. Corporation Name
THE GEDCO GROUP, INC.

Principal Place of Business	Mailing Address
400 TECHNOLOGY COURT SUITE A SMYRNA GA 30082 US	P.O. BOX 940 SMYRNA GA 30081

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/21/1993	3a. Date of Last Report: 02/08/1994
4. FEI Number: 58-2031816	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	D ☐ Change ☒ Addition
NAME	KENDRICK, JAMES L	1.2 NAME	MILTON L. SIMMONS
STREET ADDRESS	~~743 WALNUT ST.~~ 400 Technology Ct	1.3 STREET ADDRESS	150 Interstate N.
CITY-ST-ZIP	~~MACON GA~~ Smyrna, GA. 30082	1.4 CITY-ST-ZIP	Smyrna, GA. 30339
TITLE	DVC	2.1 TITLE	VP D ☐ Change ☒ Addition
NAME	BROWN, REX	2.2 NAME	Russell Simmons
STREET ADDRESS	514 MT. PLEASANT ROAD	2.3 STREET ADDRESS	400 Technology Ct Suite A
CITY-ST-ZIP	HAMPTON GA 30228	2.4 CITY-ST-ZIP	Smyrna, GA. 30082
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CHILDERS, TERRY R	3.2 NAME	
STREET ADDRESS	131 BETHEA ROAD, STE. 606	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE GA 30214	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MATHEWS, FORBES	4.2 NAME	
STREET ADDRESS	514 MT. PLEASANT RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON GA 30228	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOOSEFF, ALEX	5.2 NAME	
STREET ADDRESS	514 MT. PLEASANT RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON GA 30228	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	LESTER, MARK J	6.2 NAME	
STREET ADDRESS	131 BETHEA ROAD, STE. 606	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mark J Lester Treasurer 3/15/95 (404/461-7850
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0390703 FP