FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F93000002922 (3)

1. Corporation Name
THE GEDCO GROUP, INC.

Principal Place of Business
~~400 TECHNOLOGY COURT
SUITE A
SMYRNA GA 30082
US~~

Mailing Address
~~P.O. BOX 940
SMYRNA GA 30081~~

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 03/21/1995
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
21 555 Sun Valley Drive
Suite, Apt. #, etc
22 Suite D-4
City & State
23 Roswell, GA.
Zip 24 30076 Country 25 USA

2a. Mailing Address
26 555 Sun Valley Drive
Suite, Apt. #, etc
27 Suite D-4
City & State
28 Roswell, GA.
Zip 29 30076 Country 30 USA

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**
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

TITLE	DS	☒ DELETE
NAME	KENDRICK, JAMES L	
STREET ADDRESS	400 TECHNOLOGY CT	
CITY-ST-ZIP	SMYRNA GA	
TITLE	DVC	☐ DELETE
NAME	BROWN, REX	
STREET ADDRESS	514 MT. PLEASANT ROAD	
CITY-ST-ZIP	HAMPTON GA 30228	
TITLE	D S	☐ DELETE
NAME	CHILDERS, TERRY R	
STREET ADDRESS	131 BETHEA ROAD, STE. 606	
CITY-ST-ZIP	FAYETTEVILLE GA 30214	
TITLE	D	☐ DELETE
NAME	MATHEWS, FORBES	
STREET ADDRESS	514 MT. PLEASANT RD.	
CITY-ST-ZIP	HAMPTON GA 30228	
TITLE	D	☐ DELETE
NAME	GOOSEFF, ALEX	
STREET ADDRESS	514 MT. PLEASANT RD.	
CITY-ST-ZIP	HAMPTON GA 30228	
TITLE	T	☐ DELETE
NAME	LESTER, MARK J	
STREET ADDRESS	131 BETHEA ROAD, STE. 606	
CITY-ST-ZIP	FAYETTEVILLE GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Russell D. Cudmore	
1.3 STREET ADDRESS	555 Sun Valley Dr. Suite D-4	
1.4 CITY-ST-ZIP	Roswell, Georgia 30076	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	☐ Change ☒ Addition
3.2 NAME	Childers, Terry R	
3.3 STREET ADDRESS	514 Mt. Pleasant Rd	
3.4 CITY-ST-ZIP	Hampton, GA 30228	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: [signature] 8/14/96 770-645-2804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Terry R. Childers Sec

CR2E034 (12/95)