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 # 1. Corporation Name F93000004466

DITTLER BROTHERS, INCORPORATED

Oringinal Place of Business Mailing Address

May 03, 1999 8:00 am Secretary of State

05-03-1999 90102 018 ***150.00



Principal Place	e or business	, address													
1375 SEABOAR	D INDUSTRIAL BOULEVARD	1375 SEABOARD INDUSTRIAL BOULEVARD. ATLANTA GA 30318													
ATLANTA GA 30	0318									DO NOT W	DITE IN T		DAGE		
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							3			ed or Qualife	ea .				
)4/1 <u>993 </u>				—		
2. Principal Pl	ace of Business	2a, Mailing Address					_ 1 '	. FEIN						Applied Fo	r
21		26 340 PEMBERL				Jick 1	20	<u>58-0</u>)525668					Not Applica	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Cortif	footo of Sta	tus Desired			-	Additiona	al l
22		27					9). Cerui	icale of Sta	ius Desileu			Fee	Required	
City & State	9	City & St						i. Electi	ion Campai	gn Financin	g _		\$5.0	0 May Be	
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	25	29 068	31 3		A 11	RFIE	LD		onal Proper			_	∐Yes	□No	
24	9. Name and Address of Current			0 1 1	1				<u> </u>	ress of Nev	v Register	ed A	aent		
	5. Name and Address of Current	registered Age			81	Name		<u></u>					•	_	
СТ	CORPORATION SYSTEM					1142									
	SOUTH PINE ISLAND ROAD		82 8				et Address (P.O. Box Number is Not Acceptable)								
						<u> </u>									
PLAN	ITATION FL 33324				83										
					84	City							85 Zi	p Code	
					••	City					F	EL	50	p 0000	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. F	lorida Statutes	the a	bove	-named o	orporation	on subn	nits this sta	tement for the	he purpose	of ct	nanging	its registere	ed
office or n	egistered agent, or both, in the State of	Florida, Such c	hande was aut	norized	d by i	the corpo	ration's t	board of	f directors.	I hereby acc	cept the ap	point	ment as	registered	
agent. I a	m familiar with, and accept the obligation	ins of Section 6	07.0505, Floric	a Stati	utes.	•									1
SIGNATURE	Committee of the second of the		************************					!			DATE				. {
	Signature, typed or printed name of registered agent a		(NOTE: R	_	ı Ağen	t signature re	equired wher			NGES TO (ΔΝΩ	DIREC	TOPS IN 1	2
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NAME	SPRAGUE, WILLIAM J					ADDRESS	241	` 'P	EMBC	RWICH	C. RD.				ļ
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STATE I				-											

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 find attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP