**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90130 045 \*\*\*150.00

## 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 # F9300004806

1. Corporation Name

EXCELL SALES, INC.

Principal Plac	o of Rusiness	Mailing Address			1 (##)ide itin ifting tilti filter deter gerer gerer gerer		16.11 ±111 14.5.
l '		2700 KENNESAW DUE WEST RD					
2700 DUE WES   Kennesaw Ga	· · · <del>-</del> · · ·	KENNESAW GA 30144-3588					
KENNEOAN GA	. 567 17 0000	US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
]					10/25/1993		_
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 709 € .	melbourne Ave	26 2700 Kennesaw Du	و سو	st Rd	58-1386062		t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Controdic of Canada Debited	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be		
23 melbo	urke , FL	28 Kennesaw G	<b>A</b> 3	0144-258	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip C	ountry	•	8. This corporation owes the current year Intan		
24 329	0 1 25 USA	29 30144-3589 30	USI	A	1 dischar Freperty Fax:	Yes	<b>≥</b> No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	<u>jent</u>	
				Name			•
BROWN, ROBERT M				Street Addre	ess (P.O. Box Number is Not Acceptable)		_
709 E. MELBOURNE AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
CREEKSIDE APARTMENTS							_
MEL	BOURNE FL 32901					I	
<b>\</b>	•		84	City	FL	85 Zip (	Code
44 Discount	to the provisions of Sections 607 0503	and 607 1508 Florida Statutes the	ahov	e-named corno	pration submits this statement for the purpose of ch	nanging its	registered
office or a	registered agent, or both, in the State o	of Florida. Such change was authoriz	ed by	the corporatio	n's board of directors. I hereby accept the appointr	nent as re	gistered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Florida St	atutes	i.			
SIGNATURE	Rich Marshall	Rick Marshall	red too	Sec-Trea	Z-10-99 (when reinstation) DATE		
42	Signature, typed or printed name of registered agent OFFICERS ANI			it signature raquito	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.			TITLE	_		☐ Change	Addition
	KIRK, HARRY V	120					
NAME	ATAT MACHE OLLIB DD	•		T ADDRESS			'
STREET ADDRESS	ACWORTH GA			1			
CITY-ST-ZIP	PD REWORTH GA		14 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
TITLE	' =	_	2.2 NAME		•	_ •	_
NAME	COLLINS, MELVIN R			T 4000E00			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	KENNESAW GA		4 CITY-5	ST-ZIP		Change	Addition
TITLE	VD		TITLE		•		
NAME	Titlet, Triomrio v		3.2 NAME				
STREET ADDRESS 2700 DUE WEST DR		3.3	3.3 STREET ADDRESS				,
CITY-ST-ZIP	KENNESAW GA		I. CITY-S	ST-ZIP			
TITLE	VD	☐ DELETE 4.1	TITLE		,	Change	Addition

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

BLAESING, ANDREA K

2700 DUE WEST DR

MARSHALL, RICK A

2700 DUE WEST OR

KENNESAW GA

KENNESAW GA

STD

SIGNATURE: Rick Maid all Rick mars Lati

DELETE

DELETE

2-10-99

770 - 427 - 4203

☐ Change

☐ Change

☐ Addition

☐ Addition