

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005012 (0)
 1. Corporation Name
MGI OF NC, INC.



Principal Place of Business 313 WARD BLVD NW WILSON NC 27893	Mailing Address 313 WARD BLVD NW WILSON NC 27893
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/05/1993	
4. FEI Number 56-1786080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NORTON, EVA
 7144 ELECTRA DR S.
 JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81. Name WILLIAM W. MILLER
82. Street Address (P.O. Box Number is Not Acceptable) 9150 STARPASS DRIVE
83. City
84. JACKSONVILLE
85. Zip Code FL 32256

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: *William W. Miller* DATE: **1-22-98**

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	MORRIS, JOHN W	
STREET ADDRESS	4800 A1 CARRIAGE PL	
CITY - ST - ZIP	WILSON NC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MORRIS, LISA B	
STREET ADDRESS	4800 A1 CARRIAGE PL	
CITY - ST - ZIP	WILSON NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John W. Morris	
1.3 STREET ADDRESS	2708 Deerfield Lane	
1.4 CITY - ST - ZIP	Wilson, NC 27896	
2.1 TITLE	V-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lisa B. Morris	
2.3 STREET ADDRESS	2708 Deerfield Lane	
2.4 CITY - ST - ZIP	Wilson, NC 27896	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *John W. Morris* DATE: **1-22-98 9192437808**

CR2E034 (10/97)