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Secretary of State

03-05-1999 90110 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000005012

1. Corporation Name
MGI OF NC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**313 WARD BLVD NW
 WILSON NC 27893**

Mailing Address
**313 WARD BLVD NW
 WILSON NC 27893**

3. Date Incorporated or Qualified 11/05/1993	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 56-1786080		
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 2526 WARD BLVD	2a. Mailing Address 26 2526 WARD BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Wilson NC	City & State 28 Wilson, NC
Zip 24 27893	Country 25
Zip 29 27893	Country 30

9. Name and Address of Current Registered Agent MILLER, WILLIAM W 9150 STARPASS DR JACKSONVILLE FL 32256				10. Name and Address of New Registered Agent 81 Name June Piper			
				82 Street Address (P.O. Box Number is Not Acceptable) 1439 Rivergate Drive			
				83			
				84 City Jacksonville		85 Zip Code 32223	

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 *June Piper* DATE **2-15-99**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MORRIS, JOHN W	1.2 NAME	
STREET ADDRESS	2708 DEERFIELD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILSON NC 27896	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MORRIS, LISA B	2.2 NAME	
STREET ADDRESS	2708 DEERFIELD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILSON NC 27896	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *John Morris* DATE: **2-9-99** DAYTIME PHONE #: **252-243-7808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)