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

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Principal Plac		\$S	Mailing Address		The state of the s
311 GARNETT			311 GARNETT ST.	•	
BUFORD GA 3	U518 ·	* (- + + + + + + + + + + + + + + + + + +	· BUFORD GA 30518		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
	,				
*2: Principal F	Place of Bus	Inoce	2a. Mailing Address		12/27/1993 4. FEI Number - Applied For
 i	lace of Dus	: :	<u> </u>		Тургосто
21 Suite, Apt	# etc		Suite, Apt. #, etc.		58-1143197 Not Applicable 58 75 A (1971)
22			27		5. Certificate of Status Desired 5. Fee Required
City & Sta	ite		City & State		6. Election Campaign Financing \$5.00 May Be
23		\$ 15 m	28	<u> </u>	Trust Fund Contribution River State Added to Fees
Zip		Country.	Zip	Country	8. This corporation owes the current year Intangible
24		25		30	Personal Property Tax. ☐ Yes ☐ No
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	9. Nam	and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
D414	1C DOM			81 Name	· · · · · · · · · · · · · · · · · · ·
	IS, DON	Inc. Section 11		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
	5 THOMAS				திரி நிறிய மூர் சார் இருந்து மார் நாள்ளிய முரு நகிரிய அரசு முறு நாள்ளும் நடி
PAN	IAMA CITY	FL 32954		83	
		*	•	84 City	
THE PERSONNER F			and the second second	04) 01.9	
11 Pursuant	to the prov	sions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named co	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	registereo a am familiar v	gent, or both, in the State of vith, and accept the obligatio	riorida. Such change was au ns of, Section 607.0505. Flori	itnonzed by the corpori ida Statutes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE			•		en e
Her 1	Signature, type	d or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PC		☐ DELETE	1.1 TITLE	「
NAME		ONALD R [14]		1.2 NAME	
STREET ADDRESS	6363 LA	KEVIEW DR.		1.3 STREET ADDRESS	**
CITY-ST-ZIP	BUFORD	GA	•,	1.4 CITY-ST-ZIP	
TITLE .	ST		DELETE	2.1 TITLE	Sau de principal de la Change de la Additio
NAME	DAVIS, E	LLEN J		2.2 NAME ·	
STREET ADDRESS		KEVIEW DR	v - *	2.3 STREET ADDRESS .	The first section of the first
CITY-ST-ZIP	BUFORD			2. 4 CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE			☐ DELETE	3.1 TITLE	Change Addition
NAME 3	1245			3.2 NAME	
STREET ADDRESS	哲院統	158 克·特 一 等	•	3.3 STREET ADDRESS	
CITY-ST-ZIP		FI, 1994		3.4. CITY-ST-ZIP	(1975年) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
TITLE	 		☐ DELETE	4.1 TITLE	Change Ti Fi Addition
				4.2 NAME	- William Carlo Control Contro
NAME STREET ADDRESS				4.3 STREET ADDRESS	
	16				
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Additio
] :	, .	- Derete	5.1 TITLE 5.2 NAME	☐ Change ☐ Adotto
NAME	1 / 1		-		
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CITY-ST-ZIP		i i i i i i i i i i i i i i i i i i i		5.4 CITY-ST-ZIP	
TITLE	2 1 0 N	POPUL DIE E	DELETE	6.1 TITLE	☐ Change ☐ Additio

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 redeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted to only in apachpent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FDonald R.Davis President 01-11-99

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90063 005 ***150.00