

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

FILED
Apr 27 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 # **F94000001017 (2)**

1. Corporation Name
LIVE OAK, INC.

Principal Place of Business 1532 DUNWOODY VILLAGE PARKWAY SUITE 150 ATLANTA GA 30338	Mailing Address 1532 DUNWOODY VILLAGE PARKWAY SUITE 150 ATLANTA GA 30338
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10931 Crabapple Suite, Apt. #, etc. 22 Suite 201 City & State 23 Roswell, GA Zip 24 30075 Country 25 USA		2a. Mailing Address 26 10931 Crabapple Suite, Apt. #, etc. 27 Suite 201 City & State 28 Roswell, GA Zip 29 30075 Country 30 USA		3. Date Incorporated or Qualified 02/28/1994	
		4. FEI Number 58-2093843		Applied For 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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE BOWEN, HOWARD E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWEN, HOWARD E		1.2 NAME	
STREET ADDRESS 1532 DUNWOODY VILLAGE PARKWAY		1.3 STREET ADDRESS 10931 Crabapple Road, Suite 201	
CITY-ST-ZIP ATLANTA GA 30338		1.4 CITY-ST-ZIP Roswell, GA 30075	
TITLE VSD	<input type="checkbox"/> DELETE	2.1 TITLE HARVIN, WILLIAM S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARVIN, WILLIAM S		2.2 NAME	
STREET ADDRESS 1521 DUNWOODY VILLAGE PARKWAY, SUITE 150		2.3 STREET ADDRESS 10931 Crabapple Road, Suite 201	
CITY-ST-ZIP ATLANTA GA 30339		2.4 CITY-ST-ZIP Roswell, GA 30075	
TITLE VSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRISON, JAMES H		3.2 NAME	
STREET ADDRESS 5731 LYONS VIEW DRIVE, SUITE 208		3.3 STREET ADDRESS	
CITY-ST-ZIP KNOXVILLE TN 37919		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIPES, FRANKLIN M		4.2 NAME	
STREET ADDRESS 1117 PERIMETER CENTER WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30338		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.

SIGNATURE:

Howard E. Bowen

3/13/98 770/650-3939

CR2E034 (10/97)