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 Jul 16, 1999 8:00 am Secretary of State

FILED

07-16-1999 90016 011 ***150.00

DOCUMENT #

1. Corporation Name

F94000001333

The Conlan Company

Principal Place of Business		Mailing Address	Δ/				
1800 Parkway Place		1800 Parkway Place					
Suite 1010		Suite 1010		DO NOT WRITE IN THIS SPACE			
Marietta GA 33067		Marietta, GA 33067			3. Date Incorporated or Qualifed	TTIIO OF AGE	
Marietta an soot							
us	None of Paginoss	2a. Mailing Address			4. FEI Number	Ι Δ	pplied For
	Place of Business	⊢			58-1751974		lot Applicable
21 1800 Parkury Place Suite, Apt. #, etc.		26 SAME Suite, Apt. #, etc.			08-113111		Additional
		⊢			5. Certifcate of Status Desired		Required
22 Suite 1010 City & State		City & State			6. Election Campaign Financing		May Be
23 Marietta GA		28		Trust Fund Contribution		to Fees	
Zip Country		Zip Country		8. This corporation owes the current			
24 33067 25 US		29 30		Personal Property Tax.	yes ⊡Yes	₩No	
24, 000	9. Name and Address of Current	<u></u>	<u>~</u>		10. Name and Address of New Regi	stered Agent	
				Name			
CT	Corporation Syst	em	20	1 A - I	de la Constitución Nos Assertables		
	na a Gura Talandi	Rd	82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
1200 S. Pine Island Rd.			83	 			
Plantation FL 33324							
		•	84	City		FL 85 Zip	Code
A4. Dispuse to the applicage of Sections 607 0502 and 607 1508. Floride Statutes the above named corporation submits this statement for the purpose of Changing its regis							s registered
office or r	registered agent, or both, in the State o	f Florida. Such change was aut	nonzed by	tne corpora	tion's board of directors. I hereby accept th	e appointment as re	egistered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Floric	Ja Statutes).			i
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Age	nt signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
TITLE			1.1 TITLE			☐ Change	☐ Addition
NAME	Candran Garu		1.2 NAME				Ì
STREET ADORESS	1800 Parkway Place	Suite 1010	1.3 STREE	TADORESS			
CITY-ST-ZIP	Marietta GA 3306		1.4 CITY- S	T-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	Vaughan, Joseph	- -11 1-1-	2.2 NAME				
STREET ADDRESS	1800 Parkway Place Suite 1010		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	Marietta GA 330)(_^ 7	2.4 CITY-5				1
TITLE	\/	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME -	Train Kauin R		32 NAME	.			
STREET ADDRESS	Turpin, Kevin'K. 1800 Parkway Place	Suite 1010		TADDRESS			
CITY-ST-ZIP	Marietta GA 3306	7	3.4. CITY-S				
TITLE	ST ST	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	Seymour, Ann B	0.11 (6.5	4. 2 NAME			٠	
STREET ADDRESS		Suite 1010		TADDRESS			
CITY-ST-ZIP	Marietta, GA 330	ا م	4.4 CITY-S				
TITLE	THE TETIES GR SSO	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	1		5.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STREE	TADDRESS			1
OUTEE I MEDITE 33	1						i

CITY-ST-ZIP The street of the corporation of the receiver of the corporation.

14. I hereby certify that the information supplied with the indicated on this annual report or supplied with the indicated of the corporation.

15. The street of the corporation is the receiver of the corporation. filing does no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation the receiver of Block 12 or Block 13 if changed or on an attachmen trustee empowered to execute this report as re with an addless, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

770-423-8000

SMITH, ADCOCK AND COMPANY

FRED B. SFTERGUT, P.C. ALAN K. CLARK, P.C. W. BARRY HENRY, P.C. DONALD S. TOTH, P.C. CERTIFIED PUBLIC ACCOUNTANTS
A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS
90 WEST WIEUCA ROAD, N.E.
ATLANTA, GEORGIA 30342

404/252-2208 Fax: 404/255-0841 HAROLD E. SMITH 1897-1972 JAMES R. ADCOCK 1928-

589955-90016-11 F9400001333

July 1, 1999

Annual Reports Filings Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: 1999 Corporation Annual Report For The Conlan Company FEI #: 58-1751974

Dear Sir or Madam

The above referenced taxpayer did not receive the Profit Corporation Annual Report for 1999. On June 16, 1999 we called to request the form and spoke with a Ms. Thampton. She sent us the form we needed to file and informed us that the penalty would be waived. Enclosed you should find a check for \$ 150.00.

If there are any questions please contact Julie Tipton at 404-252-2208.

Cordially,

Smith, Adcock & Company

Julie O J. ptm