


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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90076 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F94000001567**

1. Corporation Name  
**MCPHERSON SYSTEMS, INC.**

Principal Place of Business  
**RT. 1, BOX 1265  
TIFTON GA 31794**

Mailing Address  
**RT. 1, BOX 1265  
TIFTON GA 31794**

|  |  |
|--|--|
| 2. Principal Place of Business<br>21 <b>100 SPRINGHILL CHURCH RD.</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>TIFTON, GA</b><br>Zip<br>24 <b>31794</b> | 2a. Mailing Address<br>26 <b>100 SPRINGHILL CHURCH RD</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>TIFTON, GA</b><br>Zip<br>29 <b>31794</b> |
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|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/29/1994</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>58-1631110</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Trust Fund Contribution <input type="checkbox"/>  |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>ROLLS, DAVID<br/>2107 CLEVELAND AVE.<br/>FT. MYERS FL 33901</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code |
|---|--|

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 \_\_\_\_\_ (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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCPHERSON, TONY LEE</b>          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>RT. 1, BOX 1265</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TIFTON GA 31794</b>              | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCPHERSON, DONALD LEE</b>        | 2.2 NAME  |   |
| STREET ADDRESS             | <b>RT. 1, BOX 1265</b>              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TIFTON GA 31794</b>              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCPHERSON, DAN</b>               | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2201 RUTLAND RD</b>              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TIFTON GA</b>                    | 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: Don McPherson **Don McPherson V Pres 10 Mar 99 912-386-2367**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #