FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:42

DOCUMENT # **F94000003444 (6)**

1. Corporation Name
THE BOONE GROUP, INC.

Principal Place of Business	Mailing Address
300 GRIME BRIDGE RD. ROSWELL GA 30075	300 GRIME BRIDGE RD. ROSWELL GA 30075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21: 10260 Crescent Ridge Drive	26: 10250 Crescent Ridge Drive
Suite, Apt. #, etc. — 22:	Suite, Apt. #, etc. — 27: /
City & State — 23: Roswell, GA	City & State — 28: Roswell, GA
Zip — 24: 30076 / Country — 25: Fulton	Zip — 29: 30076 / Country — 30: Fulton

4. FEI Number: 58-2058314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL — 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 _____ DATE
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	P	11 TITLE	☐ Change ☐ Addition
NAME	BOONE, ROBERT L	12 NAME	
STREET ADDRESS	10260 CRESCENT RIDGE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BURKE, LESLIE	22 NAME	
STREET ADDRESS	177 N. ROSCOE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	PRICE, JOSEPH E	32 NAME	
STREET ADDRESS	300 GRIME BRIDGE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30075	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	RASMUSSEN, SUSAN ST	42 NAME	
STREET ADDRESS	310 GLEN RIVER WAY	43 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30076	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added to the report or on an attachment with an address.

SIGNATURE: _____ Feb. 9, 1995 — 404-495-0757
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER Date Daytime Phone

0300407 FP