

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Sep 03 1998 8:00am  
Secretary of State

DOCUMENT # **F94000004124 (3)**

1. Corporation Name  
**GEORGIA/ATLANTIC CONTRACTORS, INC.**



Principal Place of Business  
P.O. BOX 47688  
DORAVILLE GA 30340

Mailing Address  
P.O. BOX 47688  
DORAVILLE GA 30340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **4193 Bufus Place**

2a. Mailing Address  
26 **4193 Bufus Place**

3. Date Incorporated or Qualified  
**08/09/1994**

4. FEI Number  
**58-1657796**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

22 City & State  
**Doraville, GA**

27 City & State  
**Doraville, GA**

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

23 Zip **30340** Country

28 Zip **30340** Country

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAILEY, KIM**  
**3400 OCEAN SHORE BLVD**  
**#3**  
**ORMOND BCH FL 32176**

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 607.0503 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, to 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

**8/26/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** ☐ DELETE  
NAME **BAILEY, KIM**  
STREET ADDRESS **3205 LONG IRON DR.**  
CITY-ST-ZIP **LAWRENCEVILLE GA**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPS** ☐ DELETE  
NAME **BAILEY, TRACEY**  
STREET ADDRESS **4124 CHATHAM CREST LANE**  
CITY-ST-ZIP **BUFORD GA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BAILEY, DORIS**  
STREET ADDRESS **5831 LAKESHORE DR.**  
CITY-ST-ZIP **BUFORD GA**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FLOYD, KRISTEN**  
STREET ADDRESS **4339 FALCON CREST DR.**  
CITY-ST-ZIP **FLOWERY BRANCH GA**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Kim Bailey* NP/Sec.

**8/26/98 770401-0040**

CR2E034 (5/98)