Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90147 028 \*\*\*150.00

## 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

## DOCUMENT # F9400006665

1. Corporation Name

Principal Place	rchase Pkwy South	Mailing Address 1901 6TH AVENUE NORTH SUITE 2520 BIRMINGHAM AL 35203			DO NOT WRITE IN THIS SE		
O District Di	of Dunings	2a. Mailing Address			12/29/1994 4. FEI Number	T Ani	plied For
					63-1134294		t Applicable
26     26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75 A	
22 27 27					5. Certifcate of Status Desired	Fee Re	
City & State	City & State	7		6, Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	
Zip			Coun	try	8. This corporation owes the current year Intan	gible	
24	25	29 30	0		Personal Property Tax.	] Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Ag	ent	
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301			1	Name Street Address City	ess (P.O. Box Number is Not Acceptable)	85 Zip (	Code
Affina ar r	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was autr tions of, Section 607.0505, Florid	a Statut	iv the comoraut		ment do ro	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PTD	☐ DELETE	1.1 TITL	E		_ Change	☐ Addition
NAME			1.2 NAN	E			1
STREET ADDRESS	NO. ONE RIVERCHASE PKWY SOUTH		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL		1.4 CIT)	-ST-ZiP			
TITLE	VSD □ DELETE 2.1		2.1 TITL	E	L	_ Change	Addition
NAME	GRAY, MARGUERITE H		2.2 NAN	BE			
STREET ADDRESS	4435 CLAIRMONT ROAD . 2		2.3 STR	EET ADDRESS			1
CITY-ST-ZIP				Y-ST-ZIP		Change	∠ [] Addition
πιε			3.1-TITL		[	Change	Z Addition
NAME	HARRIS, BRENDA		3.2 NAM				ļ
STREET AODRESS	OIL WITELING TWO			EET ADDRESS			1
CITY-ST-ZIP			_	Y-ST-ZIP		Change	Addition
TITLE		□ DELE IE	4.1 TITL		,		
NAME			4. 2 NA				
STREET ADDRESS				EET ADDRESS			j
CITY-ST-ZIP		[] pricts	_	-ST-ZIP		Change	☐ Addition
TITLE :	İ	☐ DELETE	5.1 TITL	<b>-</b>	l	Grange	
NAME I			5.2 NAM	le			1

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Addition

☐ Change