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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004129 (1)

1. Corporation Name

THE SOUTHWEST GEORGIA SHOPPER, INC.

Principal Place of Business

1208 COMMERCIAL PARK DR
TALLAHASSEE FL 32303
US

Mailing Address

PO BOX 48
ALBANY GA 31703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1995

4. FEI Number

58-2135527

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMB, CHRIS
115 BOB MILLER RD
CRAWFORDVILLE FL 32327

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 607.0602 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	DELETE
NAME	ROBINSON, J. MACK	
STREET ADDRESS	3500 TUXEDO RD NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	DELETE
NAME	NEWTON, HOWELL	
STREET ADDRESS	219 BROOKLYN AVENUE	
CITY-ST-ZIP	FORSYTH GA	
TITLE	V	DELETE
NAME	FIELDER, WILLIAM A	
STREET ADDRESS	2328 PENDLETON ST.	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	S	DELETE
NAME	BEIZER, ROBERT A	
STREET ADDRESS	5406 GOLDSBORO ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	DELETE
NAME	MAYHER, WILLIAM E III	
STREET ADDRESS	2520 DOUBLEGATE DR	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	D	DELETE
NAME	BOGER, RICHARD L	
STREET ADDRESS	303 TOWNSEND PL NW	
CITY-ST-ZIP	ATLANTA GA	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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:

3-31-98 912-888-9269

CR2E034 (10/97)