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

PROFIT **CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

F95000004724 (9) DOCUMENT # 1. Corporation Name

LEE'S COMPANY OPERATIONS, INC.

Mailing Address Principal Place of Business 5995 BARFIELD RD. 5995 BARFIELD RD ATLANTA GA 30328 ATLANTA GA 30328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 58-2187190 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 63 64 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registerest agree, and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 1011.6 TITLE DCEO UMPHENOUR, RUSSELL V JR 1.2 NAME NAME 5995 BARFIELD RD. 1.3 STREET ADDRESS STREET ADDRESS **ATLANTA GA 30328** 1.4 City - ST- ZIP CITY-ST-ZIP Addition DELETE Change 2 1 TITLE TITLE morgan Hill 5995 Bartle EDDY, STEPHEN A. 2.2 NAME NAME 3343 PERIMETER HILL DR, STE 200 2.3 STREET ADDRESS STREET ADDRESS <u>GA 30328</u> NASHVILLE TN 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE COOPER, DENNIS E 3.2 NAME NAME 5995 BARFIELD RD. 3.3 STREET ADDRESS STREET ADDRESS **ATLANTA GA 30328** 3.4, CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE SD 4.1 HILE NAME WELCH, J R 4. 2 NAME 5995 BARFIELD RD. 4.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 4.4 CHY-S1-ZIP CITY-ST-ZIP Change X Addition DELETE or upay o 5.1 TITLE TITLE Doughs N. Benham 5.2 NAME NAME Barfield Rd. 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - S1 - ZIP

14. Thereby certify that the information supplied with this filling 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 any orderess.

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