

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000004774 (4)**

1. Corporation Name

**HUTTER & ASSOCIATES COMPANY**

Principal Place of Business

**PO BOX 80069  
CONYERS GA 30208**

Mailing Address

**PO BOX 80069  
CONYERS GA 30208**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>155 Cornish Mtn Cr</b>		26 Suite, Apt. #, etc.		10/02/1995	
22 City & State		27 City & State		4. FEI Number	
23 <b>Covington GA 30016</b>		28 Zip		58-1308180	
24 <b>30016</b>		25 <b>Rockdale</b>		5. Certificate of Status Desired	
29 <b>30013</b>		30 <b>Rockdale</b>		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LANE, CAROLYN R 125 MILESTONE WAY W PALM BCH FL 33415				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

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	DCP	<input type="checkbox"/> DELETE	1.1 TITLE	155 Cornish Mtn. Cr.			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTER, EDWARD		1.2 NAME	Covington GA 30016			
STREET ADDRESS	581 STANTON WOODS DR		1.3 STREET ADDRESS	Conyers GA 30013			
CITY-ST-ZIP	CONYERS GA 30208		1.4 CITY-ST-ZIP	155 Cornish Mtn Cr			
TITLE	DC	<input type="checkbox"/> DELETE	2.1 TITLE	Covington GA 30016			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTER, BRUCE		2.2 NAME	Conyers GA 30013			
STREET ADDRESS	1071 PLANTATION BLVD		2.3 STREET ADDRESS	155 Cornish Mtn Cr			
CITY-ST-ZIP	CONYERS GA 30208		2.4 CITY-ST-ZIP	Covington GA 30016			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Conyers GA 30013			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, WALTER L		3.2 NAME	155 Cornish Mtn Cr			
STREET ADDRESS	1280 OLD ROCKY RD		3.3 STREET ADDRESS	Covington GA 30016			
CITY-ST-ZIP	GREENSBORO GA 30642		3.4 CITY-ST-ZIP	Conyers GA 30013			
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	155 Cornish Mtn Cr			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTER, CAROLYN		4.2 NAME	Covington GA 30016			
STREET ADDRESS	581 STANTON WOODS DR		4.3 STREET ADDRESS	Conyers GA 30013			
CITY-ST-ZIP	CONYERS GA 30208		4.4 CITY-ST-ZIP	155 Cornish Mtn Cr			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Covington GA 30016			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	Conyers GA 30013			
STREET ADDRESS			5.3 STREET ADDRESS	155 Cornish Mtn Cr			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Covington GA 30016			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Conyers GA 30013			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	155 Cornish Mtn Cr			
STREET ADDRESS			6.3 STREET ADDRESS	Covington GA 30016			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Conyers GA 30013			

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, and that I am authorized or trusted 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 in an attachment with an address.

CR2E034 (10/97)