

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 # F96000001370

1. Corporation Name

MINDSPRING ENTERPRISES, INC.

Principal Place of Business

1430 W. PEACHTREE ST., N.W., #400
ATLANTA GA 30309

Mailing Address

1430 W. PEACHTREE ST., N.W., #400
ATLANTA GA 30309

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90054 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

58-2113290

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

TITLE D
NAME LANIER, CAMPBELL B III
STREET ADDRESS 1430 W. PEACHTREE ST., N.W., #400
CITY-STATE-ZIP ATLANTA GA 30309

TITLE PDCE
NAME BREWER, CHARLES M
STREET ADDRESS 1430 W. PEACHTREE ST., N.W., #400
CITY-STATE-ZIP ATLANTA GA 30309

TITLE D
NAME SCOTT, WILLIAM H III
STREET ADDRESS 1430 W. PEACHTREE ST., N.W., #400
CITY-STATE-ZIP ATLANTA GA 30309

TITLE VCOO
NAME MCQUARY, MICHAEL S
STREET ADDRESS 1430 W. PEACHTREE ST., N.W., #400
CITY-STATE-ZIP ATLANTA GA 30309

TITLE VSTD
NAME MISKOFF, MICHAEL G
STREET ADDRESS 1430 W. PEACHTREE ST., N.W., #400
CITY-STATE-ZIP ATLANTA GA 30309

TITLE V
NAME NIXON, J F
STREET ADDRESS 1430 W. PEACHTREE ST., N.W., #400
CITY-STATE-ZIP ATLANTA GA 30309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME LFO
5.3 STREET ADDRESS Peising, Julia
5.4 CITY-STATE-ZIP 1430 West Peachtree St, N.W. #400
Atlanta, GA 30309

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 2 or Block 13 if change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)