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FILED
Apr 27 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 # F96000002269 (6)

1. Corporation Name

ALLIED CONSULTING GROUP, INC.

Principal Place of Business

1275 KENNESTONE CIRCLE
SUITE 100
MARIETTA GA 30066

Mailing Address

1275 KENNESTONE CIRCLE
SUITE 100
MARIETTA GA 30066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1275 KENNESTONE CIRCLE Suite, Apt. #, etc. 22 SUITE 400 City & State 23 MARIETTA, GA Zip 24 30066	26 1275 KENNESTONE CIRCLE Suite, Apt. #, etc. 27 SUITE 400 City & State 28 MARIETTA, GA Zip 29 30066
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified

05/07/1996

4. FEI Number

58-2171022

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

9. Name and Address of Current Registered Agent

LANE, CAROLYN
125 MILESTONE WAY
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	PD	1.1 TITLE	ADD MITCHEM, DAVE
NAME	MITCHEM, DAVE	1.2 NAME	MITCHEM, DAVE
STREET ADDRESS	1275 KENNESTONE CIRCLE, STE 100	1.3 STREET ADDRESS	1275 KENNESTONE CIRCLE, STE 400
CITY - ST - ZIP	MARIETTA GA	1.4 CITY - ST - ZIP	MARIETTA, GA 30066
TITLE	CSD	2.1 TITLE	SD
NAME	SPINNER, ERWIN	2.2 NAME	SPINNER, ERWIN
STREET ADDRESS	1275 KENNESTONE CIRCLE, STE 100	2.3 STREET ADDRESS	1275 KENNESTONE CIRCLE, STE 400
CITY - ST - ZIP	MARIETTA GA	2.4 CITY - ST - ZIP	MARIETTA, GA 30066
TITLE	D	3.1 TITLE	D
NAME	SPINNER, BARBARA	3.2 NAME	MITCHEM, KIMBERLY
STREET ADDRESS	1275 KENNESTONE CIRCLE, STE 100	3.3 STREET ADDRESS	1275 KENNESTONE CIRCLE, STE 400
CITY - ST - ZIP	MARIETTA GA	3.4 CITY - ST - ZIP	MARIETTA, GA 30066
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

[Signature] PRESIDENT M. DAVE MITCHEM 4/6/98 770 919 056 #110

CR2E034 (10/97)