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FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002383 (5)

1. Corporation Name

HP/MANAGEMENT GROUP, INC.

Principal Place of Business

555 SUN VALLEY DR., #N-4  
ROSWELL GA 30076

Mailing Address

555 SUN VALLEY DR., #N-4  
ROSWELL GA 30076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

58-2143508

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 950 North Point Pkwy.  
Suite, Apt. #, etc.

22 Suite 100

City & State

23 Alpharetta, Ga

Zip

24 30005-4134

Country

25 USA

2a. Mailing Address

26 950 North Point Pkwy.  
Suite, Apt. #, etc.

27 Suite 100

City & State

28 Alpharetta, Ga

Zip

29 30005-4134

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 or of individual if applicable

(Not: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME MITTLEIDER, DOUGLAS K  
STREET ADDRESS 555 SUN VALLEY DR., #N-4  
CITY-ST-ZIP ROSWELL GA 30076

TITLE VS ☐ DELETE

NAME FOXWORTHY, MICHAEL L  
STREET ADDRESS 555 SUN VALLEY DR., #N-4  
CITY-ST-ZIP ROSWELL GA 30076

TITLE S ☐ DELETE

NAME ROSSI, LINDA N  
STREET ADDRESS 555 SUN VALLEY DR., #N-4  
CITY-ST-ZIP ROSWELL GA 30076

TITLE S ☐ DELETE

NAME QUIROS, PAUL A  
STREET ADDRESS 1201 PEACHTREE ST., #2200  
CITY-ST-ZIP ATLANTA GA 30361

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 950 North Point Pkwy., Suite 100

1.4 CITY-ST-ZIP Alpharetta, Ga 30005-4134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 950 North Point Pkwy., Suite 100

2.4 CITY-ST-ZIP Alpharetta, Ga 30005-4134

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 950 North Point Pkwy., Suite 100

3.4 CITY-ST-ZIP Alpharetta, Ga 30005-4134

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 141 Peachtree St., 4th Floor

4.4 CITY-ST-ZIP Atlanta, Ga 30303

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

*Michael L. Foxworthy*

CR2E034 (10/97)