


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90024 001 ***150.00

0039401

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000003178					
1. Corporation Name SYNC, INC. OF GEORGIA					
Principal Place of Business 13111 BRIANS CREEK VALLEY JACKSONVILLE FL 32224 US			Mailing Address 13111 BRIANS CREEK VALLEY JACKSONVILLE FL 32224 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1996	
21		26		4. FEI Number 58-2069922	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STINSON, SHARON 18 HOPSON ROAD JACKSONVILLE FL 32250			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	YUNICK, WILLIAM S				
STREET ADDRESS	910 QUAILRIDGE CT.				
CITY-ST-ZIP	ORANGE PARK FL 32065				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	YUNICK, SHARON N.				
STREET ADDRESS	910 QUAILRIDGE CT.				
CITY-ST-ZIP	ORANGE PARK FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Yunick, William S				
1.3 STREET ADDRESS	13111 Brians Creek Dr				
1.4 CITY-ST-ZIP	Jacksonville, FL 32224				
2.1 TITLE	Secr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Yunick, Sharon N				
2.3 STREET ADDRESS	13111 Brians Creek Dr				
2.4 CITY-ST-ZIP	Jacksonville, FL 32224				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)