

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

FILED
May 07 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 # F96000004749
1. Corporation Name

LUKER INC.

Principal Place of Business 244 PERIMETER CENTER PARKWAY, NE P.O. BOX 2210 ATLANTA GA 30301	Mailing Address 244 PERIMETER CENTER PARKWAY, NE P.O. BOX 2210 ATLANTA GA 30301
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/16/96

4. FEI Number

58-1034573

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of the person named in the current registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C/D ☐ DELETE

NAME Bekkers, John

STREET ADDRESS 9435 Redbird Lane

CITY-ST-ZIP Alpharetta, GA 30202

TITLE P/D ☐ DELETE

NAME Smith, S. Troy

STREET ADDRESS 2409 Central Avenue

CITY-ST-ZIP Augusta, GA 30904

TITLE CEO/D ☐ DELETE

NAME Brower, Paul G.

STREET ADDRESS 3541 Township Valley Ct., NE

CITY-ST-ZIP Marietta, GA 30066

TITLE VP ☐ DELETE

NAME Wahnner, John J.

STREET ADDRESS 3342 Quaker Spring Rd.

CITY-ST-ZIP Augusta, GA 30907

TITLE S ☒ DELETE

NAME Lawing, Jack L.

STREET ADDRESS 80 Stratford Place, NE

CITY-ST-ZIP Atlanta, GA 30342

TITLE T/D ☐ DELETE

NAME Gibbons, Peter J.

STREET ADDRESS 7545 Ball Mill Road

CITY-ST-ZIP Dunwoody, GA 30350

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Alpharetta, GA 30022-5549

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S Dyson, J. David

601 Densley Drive

Decatur, GA 30033

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

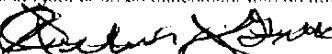
1000025201 P1 Change ☐ Addition ☐

-05/12/98--01042--021

***150.00

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 if at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:



Peter J. Gibbons, Treasurer 4/17/98

(770) 393-5273