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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # F9700(HEAD, LTD. CORP.	0001495 (7))			
Principal Place of Business Mailing Address					I 1880/1980 LAINO FRONT INDRIN ROBAN BOARN D	9191 11831 91919 19181 8 111 1981
332 New St. Macon ga 31201		332 NEW ST.				
		MACON GA 31201			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/24/1997	
	at Place of Business 2a. Mailing Address				4. FEI Number	Applied For
		26	Suite, Apt. #, etc.		58-1451532	Not Applicable
22 Suite, Apr.	Suite, Apt. #, etc.		¬ ' ' '		5. Certificate of Stalus Desired	\$8.75 Additional Fee Regulred
City & State			City & State		6. Election Campaign Financing	
¬ , ' ⊢		28	¬ ´		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country			ry	8. This corporation owes or has paid the c	
24			30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	d Agent
	YL O R, DAVE		8	1 Name		
FLORIDA COMPLIANCE SPECIALISTS, INC.			8	2 Street A	ddress (P.O. Box Number is Not Acceptable)	
1331 E. LAFAYETTE ST., STE. C			8	_		
TA	LLAHASSEE FL 32311		0	3		
			8	4 City	F	85 Zip Code
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida State	utos the abo	va-nemod o		
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	s authorized	by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	opointment as registered
_	an landar with, and accept the obliga	alions of, Socilori cor occo, r	TOTICA STATUT	es.		
SIGNATURE	Signature, typed or printed name of registered age	or and title if applicable. (NO	OTE: Registered A	gent signature r	equired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	C	DELETE				Change Addition
NAME	RAMSEY, JOHN W		1.2 NAM			
STREET ADDRESS	332 NEW ST.			ET ADDRESS		
CITY-ST-ZIP TITLE	MACON GA 31201		1.4 CITY			Change Addition
NAME	<u> </u>		2.1 TITLE 2.2 NAM	ſ		Change Chacagon
STREET ADDRESS	PETERSON, JOHN B JR. 332 NEW ST.			ET ADDRESS		
CITY+ST-ZIP	MACON GA 31201		2.3 3 Inc.			
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME	DEWITT, JAMES O	3.21		:		•
STREET ADDRESS	AAA 11711 AW		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-S1-ZIP		
TITLE	8	· ·				Change Addition
NAME	MOORE, MARY A	4. :		E		
STREET ADDRESS	332 NEW ST.		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MACON GA 31201			ST - ZIP		The state of the s
TITLE	·		5 1 TITLE			Change Addition
NAME	LASHLEY, TERRI		5 2 NAME			
STREET ADDRESS	Magazia			ET ADDRESS		
CITY-ST-ZIP TITLE			5.4 CHY-			Change Addition
NAME			6.2 NAME			orwige rand(b)(
STREET ADDRESS				T ADDRESS		
START ADDITION			0.5 57110			

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.

CIONATURE.

John Land la French

1-11-00

912 745-1000

FILED

Jan 28 1998 8:00am

Secretary of State

CR2F034 (10/97)