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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002504 (5)

PEACHTREE COMMUNICATIONS INDUSTRIES, INC.

FILED May 11 1998 8:00am Secretary of State



0	I Duning			lla Addana			· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business Mailing Address												
				PO BOX 2008 NEWNAN GA 30264			DO NOT WRITE	E IN THIS	SPACE			
								3. Date Incorporated or Qualified				
								05/12/1997				
2. Principal Pl	ace of Busin	ness	2a.	2a. Mailing Address				4. FEI Number			Applied For	
21				26				58-1881325			Vot Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				1		\$8.75	Additional			
22					5. Certificate of Status Desired	ш	Fee	Required				
City & State	•			City & State			6. Election Campaign Financing		\$5.0	D May Be		
23			28	28				Trust Fund Contribution		Adde	d to Fees	
Zip Country				Zip Country				8. This corporation owes or has paid the current year Intangible				
24	25 29				30			Personal Property Tax due June	30.	Yes .	N o	
	9, Name	and Address o	f Current Regis	tered Agent		10. Name and Address of New Reg			gistered	jistered Agent		
CO	RPORATE	ACCESS, INC			8	1 1	Name					
1116-D THOMASVILLE RD., MT VERNON SQUARE						2	Street Addre	ss (P.O. Box Number is Not Accepta	blei			
		E FL 32303		OGOATE			Oliebi Addie	as (F.O. Box Number is Not Accepte	510)			
		_ , _ 0_00			8	3						
					<u> </u>	╀				71		
					8	4 1	City		FL	85 Zij	o Code	
11. Pursuant t	to the provis	sions of Sections	607 0502 and 6	07.1508. Florida Stat	utes, the abo	ve-r	named corpo	ration submits this statement for the	purpose o	of changing	its registered	
office or re	egistered ag	gent, or both, in t	he State of Florid	ta. Such change was Section 607.0505, I	s authorized I	oy ti	he corporation	on's board of directors. I hereby acce	pt the ap	pointment a	is registered	
•	m lamiliar w	по, апо ассери	ne obligations of	, 5000001 607.0505, 1	rionua siaidi	95.						
SIGNATURE	Skunture breez	for product came of re-	so tores I moved and little	d soulcette (No	Off Registered A	nent:	signature required	d whon reinstating)	DATE			
12.			EHS AND DIREC		13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	DRS IN 12	
TITLE	Ρ			DELETE	1.1 TITLE					☐ Change	Addition	
NAME	AAGESI	EN, UFFE A			1.2 NAM		Sto	enhan Adapson				
STREET ADDRESS		ORDON RD.			1.3 STRE		ODBESS 44	ephen Aagesen Callabell Road uisville, KY 4020				
CITY-ST-ZIP		AND GA 30256	1		1.4 CITY		710	MENULA KV MAZO	4			
TITLE	ST	THE CAL GOLD	<u> </u>	DELETE	2.1 TITLE		<u> </u>	413 VIIIE, 13 1 1920	<u> </u>	Change	Addition	
NAME		EN, MARY B			2.2 NAM		To	man for Assessm		- •		
		ORDON RD.			2.3 STRE		000000 44	nnifer Aagesen Callabell Road				
STREET ADDRESS			•				DURESS 66	Calle VV HAZ	4.			
CITY-ST-ZIP	V	AND GA 30259		DELETE	2 4 CITY 31 TIFLE			uisville, KY 4020	16	Change	Addition	
TITLE	<u> </u>	C+1 ### A		- Section			(anal L. Conkly	n	onange	, and the same of	
NAME		ELL, JULIE A			3.2 NAM		200ree 3	aran Laufand h				
STREET ADDRESS		XFORD DR.			3.3 STRE		JUMESS 2	arah L. Conklii 32 Wexford Di ewnan, 6A 302	100			
CITY-ST-ZIP	MEANINA	N GA 30285		DELETE	3.4. CITY		-219 //6	ewnan, on 302	02	Change	Addition	
TITLE					4.5 TITLE					- Cularige	, Annual I	
NAME					4. 2 NAV		//	lary F. Conklin 32 Wexford D				
STREET ADDRESS					4.3 STRE		DORESS	2 WENTORD Y	rive	•		
CITY-ST-ZIP					4.4 CITY		ZIP /	leunan, GA 302	105	T A	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE				☐ DELETE	5.1 TITLE					Change	Addition	
NAME					5.2 NAM		_ <u>_</u>	une contin				
STREET ADDRESS	I				5.3 STRE	ET AD	ddress	32 Wextord DI	ive			
CITY-ST-ZIP					5.4 CITY	ST-	ZIP /	Tulie Conklin 32 Wexford Di Tewnan, 6A 30	265			
TITLE				☐ DELETE	6.1 TITLE			/		Change	Addition	
NAME					6.2 NAM	E						
STREET ADDRESS					6.3 STRE	ET AD	DORESS					
CITY-ST-ZIP					6 4 CITY	- ST-	ZIP					

14. Thereby 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 roport 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 is thanged, or on an attachment with an address.

770 251 2566