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Oct 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # F97000003719 (8) Corporation Name A&C ENERCOM, INC. Principal Place of Business Malling Address 1797 NORTHEAST EXPRESSWAY 1797 NORTHEAST EXPRESSWAY DO NOT WRITE IN THIS SPACE ATLANTA, GEORGIA 30329 ATLANTA, GEORGIA 30329 3. Date incorporated or Qualified 07/11/97 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 26 P.O. BOX 451209 21 2100 EAST EXCHANGE PLACE 54-1783627 Not Applicable Sulte, Apt. , etc. Suite, Apt. #, etc. \$8,75 Additional Certificate of Status Desired  $\square$ 22 27 Fee Required \$5.00 May Be City & State City & State Election Campaign Financing TUCKER . GEORGIA Trust Fund Contribution 23 28 ATLANTA, GEORGIA Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 30084 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD R3 PLANTATION, FL 33324 City 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 Fiorida. 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. X Addition X DELETE 1.1 TITLE D/C Change TITLE 1.2 NAME CHARLES GIBBONS NAME DESIMONE, LAWRENCE E STREET ADDRESS 1.3 STREET ADDRESS C/O THE INTELLISOURCE GROUP. 55 WALLS DRIVE CITY - ST - ZIP 1.4 CITY - ST - ZIP FAIRFIELD, CT 06430 PD X DELETE 2.1 TITLE Change X Addition TITLE ALFORD, C D 2.2 NAME P. DON HEMRICK NAME 2.3 STREET ADDRESS 2100 E. EXCHANGE PLACE STREET ADDRESS C/O INTELLISOURCE, INC. 2.4 CITY - ST - ZIP TUCKER, GEORGIA 30084 CITY - ST - ZIP X DELETE 3.1 TITLE Change X Addition TITLE 3.2 NAME NAME WETZLER, SALLY PAUL CONLAN 3.3 STREET ADDRES 2100 EAST EXCHANGE PLACE STREET ADDRESS 3.4 CITY - ST - ZIP TUCKER, GEORGIA 30084 CITY - ST - ZIP X DELETE 4.1 TITLE Change X Addition TITLE NAME RIGSBY, ROBERT E 4.2 NAME COREY RINKER 4.3 STREET ADDRESS STREET ADDRESS C/O THE INTELLISOURCE GROUP. 55 WALLS DRIVE 4.4 CITY - ST - ZIP CITY - ST - ZIP FAIRFIELD, CT 06430 Change X DELETE **B.1 TITLE** Addition TITLE **5.2 NAME** NAME DAVIS, J K JR **5,3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition X DELETE 6.1 TITLE \_\_\_ Change TITLE 6.2 NAME 900002660379 NAME CAVINESS, THOMAS L STREET ADDRESS **6.3 STREET ADDRESS** -**1**0/709/98--01054--0**0**9 6.4 CITY - ST - ZIP 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). Ffords 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR