


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

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000004466					
1. Corporation Name WC, INC.					
Principal Place of Business 4497 PARK DR. NORCROSS GA 30093			Mailing Address 4497 PARK DR. NORCROSS GA 30093		
2. Principal Place of Business		2a. Mailing Address			
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		
22	City & State	27	City & State		
23	Zip	28	Country		
24		29			
9. Name and Address of Current Registered Agent					
VERGLER, JON C % LOWNDES DROSDICK ET AL. 215 N. EOLA DRIVE ORLANDO FL 32801					
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
TITLE	C	<input type="checkbox"/> DELETE			
NAME	WEEKS, A.R. JR.				
STREET ADDRESS	4497 PARK DR.				
CITY-ST-ZIP	NORCROSS GA 30093				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SENKBEIL, THOMAS D				
STREET ADDRESS	4497 PARK DR.				
CITY-ST-ZIP	NORCROSS GA 30093				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ROBINSON, FORREST W				
STREET ADDRESS	4497 PARK DR.				
CITY-ST-ZIP	NORCROSS GA 30093				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	DUCKETT, CLYDE C				
STREET ADDRESS	4497 PARK DR.				
CITY-ST-ZIP	NORCROSS GA 30093				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	FLOWERS, MARK W				
STREET ADDRESS	4497 PARK DR.				
CITY-ST-ZIP	NORCROSS GA 30093				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	BELDEN, ELIZABETH C				
STREET ADDRESS	4497 PARK DR.				
CITY-ST-ZIP	NORCROSS GA 30093				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1997	
4. FEI Number 58-2302712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

000002759340--9
-01/29/98--01091--021
****150.00 ****150.00

[Signature]
1/21/99

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

770 717 3226

Date

1/18/99

Daytime Phone #

CR2E034 (1/1/98)