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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

FILED May 12, 1999 8:00 am Secretary of State

05-12-1999 90002 024 ***150.00

PHILIP S	SERVICES/ATLANTA, INC.									
Principal Place	e of Business	Mailing Address					I H unilin deim imen inne en die Ante Ante		100 (5060 1010 1001	
1642 FOREST PARKWAY 1642 FOREST PARKWAY										
LAKE CITY GA 30260 LAKE CITY GA 30260										
							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
A District Additional Control of the							03/17/1998		Asslind For	4
2. Principal Place of Business 2a, Mailing Address							4. FEI Number	Applied For Not Applicable		_
26 Suite Apt. #, etc. Suite, Apt. #, etc.							58-1215331	\$8.75 Additional		=
						-	5Certificate of Status Desired		Réquired	
22							6 Floation Compaign Financing		<u> </u>	\neg
⊢ ¬ '	¬ ···, ·· · · · · · · · · · · · · · · ·						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip				Country			8. This corporation owes the current year In			
24	25		30	,			Personal Property Tax.	Yes	₩No	
24	9. Name and Address of Current		1				10. Name and Address of New Registered	Agent		
				81	Name					- }
CT	CORPORATION SYSTEM				Chunch	A -d -d	s (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD				82 Street Add			s (P.O. Box Number is Not Acceptable)			
PLA	NTATION FL 33324		ľ	83						\neg
			-	_				oE 7	ip Code	\dashv
				84	City		Fl	_ 85 Z	ip code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					-named	corpora	ation submits this statement for the purpose o	f changing	its registered	
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was au	thorized	ז עם	ine corpo	oration'	s board of directors. I hereby accept the appo	intment as	registered	Ì
_	in failing with, and accept the obligat	10/13 01, 0004011 00710000, 11071								
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: 1	Registered /	Agent	t signature re	equired w	hen reinstating) DATE			_ 6
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFFICERS A			<u>۔</u> 5
TITLE	P	N DELETE				P.,	. <u> </u>	Chang	ge 🗌 Additio	on z
NAME	CHISTE, ROBERT M		1.2 NAME		AIR	en Fracusol			5	
STREET ADDRESS	5151 SAN FELIPE, STE 1600		1.3 STREET ADDRESS			100	o King St. milton, ontario			يزا
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP		He	imilton, onterio	=10:		— ՝	
TITLE	V DELETE			2.1 TITLE				Chang	ge 🗌 Additio	on
NAME	BOUGHTON, MARVIN		2.2 NA	2.2 NAME						
STREET ADDRESS	100 KING STREET WEST		2.3 STREET ADDRESS							
CTIY-ST-ZIP	-HAMILTON ONTARIO CANADA		2.2.4 CITY-ST-ZIP							
TITLE	V OELETE		3.1 ∏∏	3.1 TITLE				Chan	ge 🔲 Additi	un
NAME	RIEF, JAMES E		3.2 NA	ME						ļ.
STREET ADDRESS			3.3 STF	3.3 STREET ADDRESS						
CITY-ST-ZIP	LUCHICTON TY				T-ZIP					_
TITLE	HOUSTON TX		3.4. CIT			.,				on
NAME	V	☐ DELETE	4.1 TITI	LE		V	1. Classiatorologic D	han	ge 🗌 Additi	
	V DOYLE, CHRISTOPHER P	_	4.1 TITI 4. 2 NA	LE ME		1260	le, Christopher. P	_,		
STREET ADDRESS	V Doyle, Christopher P 242 N. James Street, Ste 20	_	4.1 TITI 4, 2 NA 4.3 STF	LE VME REET	ADDRESS	209	Concourse PKWy Sui	_,		
CITY-ST-ZIP	V DOYLE, CHRISTOPHER P 242 N. JAMES STREET, STE 20 NEWPORT DE	06	4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT	LE ME REET Y-ST	ADDRESS	209	le, Christopher. P Concourse Pkwy Swi Hlanta, GA 30319	ti 75	50	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	V DOYLE, CHRISTOPHER P 242 N. JAMES STREET, STE 20 NEWPORT DE S SOULE, COLIN 100 KING STREET WEST	06	4.1 TITE 4.2 NA 4.3 STE 4.4 CIT 5.1 TITE 5.2 NA 5.3 STE	LE MME REET Y-ST LE ME REET	ADDRESS - ZIP ADDRESS	209	Concourse PKWy Sui	ti 75	50	on ,
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V DOYLE, CHRISTOPHER P 242 N. JAMES STREET, STE 20 NEWPORT DE S SOULE, COLIN 100 KING STREET WEST HAMILTON ONTARIO CANADA T	06	4.1 TITT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITT 5.2 NAJ 5.3 STF 5.4 CIT 6.1 TITT	LE REET Y-ST LE ME REET Y-ST	ADDRESS - ZIP ADDRESS	209	Concourse PKWy Sui	ti 75	ge Addition	,
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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, with all other fixe empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB

770.399.0777