

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90110 019 ***150.00

DOCUMENT # F98000001559

1. Corporation Name
LIFE OF GEORGIA AGENCY, INC.



Principal Place of Business
5780 POWERS FERRY ROAD
ATLANTA GA 30327

Mailing Address
5780 POWERS FERRY ROAD
ATLANTA GA 30327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number 58-2357470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME CUIOK, JEROME J
STREET ADDRESS 5780 POWERS FERRY RD
CITY-ST-ZIP ATLANTA GA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME COHEN, HAROLD I
STREET ADDRESS 5780 POWERS FERRY RD
CITY-ST-ZIP ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME SESSLER, LINDA S
STREET ADDRESS 5780 POWERS FERRY RD
CITY-ST-ZIP ATLANTA GA

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME S
3.3 STREET ADDRESS Burton, B Scott
3.4 CITY-ST-ZIP 5780 Powers Ferry Rd
Atlanta, Ga

TITLE T ☐ DELETE
NAME MCCONNELL, F P
STREET ADDRESS 5780 POWERS FERRY RD
CITY-ST-ZIP ATLANTA GA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME THOMPSON, JAMES D
STREET ADDRESS 5780 POWERS FERRY RD
CITY-ST-ZIP ATLANTA GA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS ☒ DELETE
NAME GLENN, CAROL S
STREET ADDRESS 5780 POWERS FERRY RD
CITY-ST-ZIP ATLANTA GA

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME AS
6.3 STREET ADDRESS Hendricks, Thomas M
6.4 CITY-ST-ZIP 5780 Powers Ferry Rd
Atlanta, Ga

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 like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. Patrick McConnell

4-30-99

Date

(770) 980-5100

Daytime Phone #

CR2E034 (11/98)

001300