

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

2012

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90085 043 \*\*\*150.00

DOCUMENT # F98000002667

1. Corporation Name

DAY WILBURN ASSOCIATES, INC.

Principal Place of Business

1718 PEACHTREE ST., N.W. #451  
ATLANTA GA 30309

Mailing Address

1718 PEACHTREE ST., N.W. #451  
ATLANTA GA 30309



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

58-2148874

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 1718 Peachtree St., NW

Suite, Apt. #, etc.

22 Suite 461

City & State

23 Atlanta, GA

Zip

24 30309

Country

25 USA

2a. Mailing Address

26 1718 Peachtree St., NW

Suite, Apt. #, etc.

27 Suite 461

City & State

28 Atlanta, GA

Zip

29 30309

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME DAY, RICHARD A  
STREET ADDRESS 5295 SILVER CREEK DR.  
CITY-ST-ZIP LILBURN GA 30247

TITLE DC ☐ DELETE

NAME WILBURN, JAMES R  
STREET ADDRESS 3356 VALLEY VISTA RD.  
CITY-ST-ZIP SMYRNA GA 30080

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME 5295 Silver Creek Dr.  
13 STREET ADDRESS Lilburn, GA 30047  
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME 411 James Store Road  
23 STREET ADDRESS Greenville, GA 30222  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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), 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 empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. WILBURN

3/12/99

Date

404-249-1550

Daytime Phone #

CR2E034 (11/98)