

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 07, 1999 8:00 am  
Secretary of State

05-07-1999 90122 030 \*\*\*150.00

DOCUMENT # F98000002740

1. Corporation Name  
OXY + PLUS, INC.

Principal Place of Business  
5300 OAKBROOK PARKWAY  
SUITE 220  
NORCROSS GA 30093

Mailing Address  
5300 OAKBROOK PARKWAY  
SUITE 220  
NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1998

4. FEI Number

58-1782809

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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GILLESPIE, WILLIAM  
615 S. WARE BLVD., SUITE D  
TAMPA FL 33619

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 William Gillespie

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	CP	<input type="checkbox"/> DELETE
NAME	ELROD, STEVE	
STREET ADDRESS	5300 OAKBROOK PARKWAY	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	ELROD, R.J.	
STREET ADDRESS	5300 OAKBROOK PARKWAY	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELROD, RONALD	
STREET ADDRESS	5300 OAKBROOK PARKWAY	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELROD, MIKE	
STREET ADDRESS	5300 OAKBROOK PARKWAY	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELROD, TERRY	
STREET ADDRESS	5300 OAKBROOK PARKWAY	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELROD, WILLIE	
STREET ADDRESS	5300 OAKBROOK PARKWAY	
CITY-ST-ZIP	NORCROSS GA 30093	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

(770) 806-8000

CR2E034 (1/98)

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