

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

DOCUMENT # F98000003562

1. Corporation Name

AMSOUTH U.S.A., INC.

Principal Place of Business

2878 CARNES RD.  
JONESBORO GA 30236

Mailing Address

2878 CARNES RD.  
JONESBORO GA 30236

FILED  
Jul 19, 1999 8:00 am  
Secretary of State

07-19-1999 90011 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

59-3305205

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.



Yes



No

9. Name and Address of Current Registered Agent

GESNER, FRANK  
5800 WEST BAY DR.  
LARGO FL

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 LEWIS, DONALD R  
STREET ADDRESS 2878 CARNES RD.  
CITY-ST-ZIP JONESBORO GA 30236

TITLE V ☐ DELETE

NAME HOSKINS, TROY  
STREET ADDRESS 138 BURNHAM RD.  
CITY-ST-ZIP PEACHTREE CITY GA

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-99 (404) 846-6960

0117862

CR2E034 (5/99)

F98000003562  
590590-90011-46

 **AMSOUTH**<sup>Inc.</sup>

A CONSTRUCTION SERVICES AND CONTRACTING CORPORATION

July 7, 1999

In reply to: ANNUAL REPORTS

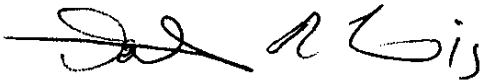
DIVISIONS OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

Dear DIVISIONS OF CORPORATIONS,

**Subject: LATE FEE**

PER OUR CONVERSATION ON THIS DATE, WE NOTIFIED YOU THAT WE DID NOT  
RECEIVE ANY PRIOR NOTIFICATION OF THIS REPORT. WE ARE ENCLOSING \$150.00  
WITH THIS APPLICATION.

Thank you,



PRESIDENT  
AMSOUTH, INC