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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G56982

(3)

Principal Place of Business Mailing Address 2203 E. OGLETHORPE BLVD. ALBANY GA 31705 P.O. BOX 585 ALBANY GA 31702-0585									
						3. Date Incorporated or Qualified 08/26/1983		of Last R	eport
2. Principal Pl	ace of Business	2a. Mailing /	\ddross			4. FEI Number		Ap	plied For
11		26	26			58-1529732 Not Applie			t Applicable
Suite, Apt. #, etc.		27				5. Certificate of Status Desired		\$8.75 A	
City & State		28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 24				Count	ſy	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes No			199.032,
	9, Name and Address of Cu	rrent Registered Age	ņt	8	1 Name	10. Name and Address of New R	egistered Aç	ent	
	AHASSEE FL 32301 To the provisions of Sections 607 egistered agent, or both, in the Sm familiar with, and accept the o	.0502 and 607 1508, F late of Florida, Such o bligations of, Section	lorida Statutes shange was au 607.0505, Flor	8, the abouthorized I	4 City	rporation submits this statement for the attion's board of directors. I hereby acce	FL purpose of c ppt the appoi		Code s registered registered
SIGNATURE	Signature, typed or printed name of registere	adenicated title if applicable	(NOTE	Flooistered A	gool s qualure requ	uicd when reinstaling)	DATE		
12.		AND DIRECTORS				ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	S IN 12
TITLE NAME STREET ADDRESS	PST DELETE PADGETT, JERRY 3474 LENOX MILL ROAD		DELETE	1.1 THLE 1.2 NAME 1.3 STREET ADDRESS				Change	Addition
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY - ST - ZIP					
TITLE NAME STREET ADDRESS	PADGETT, JERRY 3474 LENOX DRIVE ROAD		JOELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS				Change	Addition
CITY-ST-ZIP	TALLAHASSEE FL			2 4 CHY	ì				
TITLE NAME STREET ADDRESS CITY-ST-ZIP] DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY	1 ADDRESS	-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP			DELETE	4.1 TITLE 4. 2 NAM	E ET ADDRESS			Change	Addition

6.4 CITY-S1-ZIP

14. I do 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.

5.2 NAME

61 11/11

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 DITY-\$1-ZIP

DELETE

DELETE

SIGNATURE: APLTON T.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

enthandon to

6-16-97 (91)435024/

Change

Change

Loitibba

Addition

FILED

Jun 19 1997 8:00am

Secretary of State

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