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

DOCUMENT # H27258 1. Corporation Name

THE CHARLES N. HART COMPANY, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90088 044 ***150.00



						<u> </u>	u i 1 3 01 u ibai ui		
Principal Place of Business Mailing Address									
% CHARLES N. 5180 ROSWELL ATLANTA GA 30	ROAD. NW SUITE 205	% CHARLES N. HART 5180 ROSWELL ROAD. NW SUITE 205 ATLANTA GA 30342			DO NOT WRIT	E IN THIS	SPACE		
						3. Date Incorporated or Qualifed 10/25/1984			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			opplied For
21 4840	ROSWECC ZO., NW	26 4840 Kosy	IELC	$Z_{\mathbf{z}}$	2. MW	59-2501842		[N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			7	5. Certifcate of Status Desired			Additional
22 5411	E 8-100	27 Sure B-100	SUTTE B-100			5. Cermicate of Status Desired		Fee F	Required
City & State City & State						6. Election Campaign Financing		\$5.00) _. May Be
23 ATL						Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr			8. This corporation owes the curre	ent year Int	angible	_
24 303	42 25 USA	29 30342 30	45	A		Personal Property Tax.		Yes	□No
,,	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent	
B1 Name									
VERNON, CHRIS					root Addres	s (P.O. Box Number is Not Accepta	ble)		
PLEUS, ADAMS & SPEARS, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)					
940 HIGHLAND AVENUE				3					
ORLA	ANDO FL 32803		<u> </u>				•	m:	0-4-
			84	Ci	ty		FL	. 85 Zip	Code
11 Pursuant I	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the abov	/e-nai	med corpora	ation submits this statement for the	purpose of	changing i	ts registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autr	onzea o	∕tne (corporation'	s board of directors. I hereby accep	t the appoi	ntment as	registerea
	it laminar with, and accept the congust								ľ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ag	ent sign	ature required w	hen reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		=
TITLE	OP	☐ DELETE	1.1 TITLE					Change	e ☐ Addition
NAME	HART, CHARLES N.		12 NAME			-			
STREET ADDRESS	5180 ROSWELL RD NW #205		1.3 STRE	T ADD	ress 489	HO ROSWEUL ROAD, NO ZZWYZ, GA 50342	W. See	TE B-	100
CITY-ST-ZIP	atlanta ga		1.4 CITY-	ST-ZIP	AZ	ZZWTZ, GA JOZYZ			
TITLE				1 TITLE				☐ Change	e ☐ Addition
NAME			2.2 NAME						i
STREET ADDRESS			2.3 STRE	ET ADD	RESS				. [
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	,				
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME		_	3.2 NAME						Ì
			3.3 STRE		RESS				
STREET ADDRESS			3.4. CITY-						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE				-	Change	e Addition
TITLE			4. 2 NAM						
NAME			4.3 STRE		DECC				
STREET ADDRESS									
CITY-ST-ZIP		[] DELETE	4.4 CITY-					☐ Change	e [] Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME						- 6-3
NAME			B		DESS				
STREET ADDRESS			5.3 STRE						
CITY-ST-ZIP			5.4 CITY-					Ches.	Addition
TITLE		☐ DELETE	6.1 TMLE					Chang	e 🗀 Addition
NAME			6.2 NAME					•	
STREET ADDRESS			6.3 STRE	ETADD	RESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

CHARLES N. HART
AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR