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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H41022

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90043 047 ***150.00

Principal Place of Business Mailing Address 2504 W. TENNESSEE STREET TALLAHASSEE FL 32304 DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 02/05/1985 2. Principal Place of Business 2a. Mailing Address 2504 W. TENNESSEE STREET TALLAHASSEE FL 32304 DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 02/05/1985 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Pusiness 3. Date Incorporation Countries 3. Date Incorporation Subsilies 4. FEI Number 5. Certificate of Status Desired 2. City & State 2. City & State 3. This corporation owes the current year Incorporation year Year Year Year Year	Appl Not \$8.75 Ac Fee Req \$5.00 N Added to Intangible	olied For Applicable dditional quired May Be
TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 02/05/1985 2. Principal Place of Business 2. Mailing Address 3. FEI Number 59-2493478 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State Trust Fund Contribution Zip Country Zip Country Zip Country Registered Agent CAMPBELL, KENNETH A. 1805 RAA AVENUE TALLAHASSEE FL 32303 83 Street Address (P.O. Box Number is Not Acceptable) T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposec 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 appropose of the purposed of the purpose of the	\$8.75 Ad Fee Req \$5.00 N Added to Intangible	Applicable dditional quired May Be
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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	oointment as regi	istered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A		
TIME P DELETE 1.1 TIME	Change	☐ Addition
NAME GALLOWAY, WILLIAM D. 12 NAME		ì
STREET ADDRESS 2330 HWY. S 41 1.3 STREET ADDRESS		
CITY-ST-ZIP VALDOSTA GA 1.4 CITY-ST-ZIP	F-7 A:	
TILE S DELETE 2.1 TITLE	Change	Addition
NAME GALLOWAY, RHONDA S. 22 NAME		
STREET ADDRESS 2330 HWY. S 41 2.3 STREET ADDRESS		į
CITY-ST-ZIP VALDOSTA GA 2.4 CITY-ST-ZIP	Change	Addition
TITLE DELETE 3.1 TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP 3.4. CITY-ST-ZIP	☐ Change	Addition
TITLE 4.1 TITLE	Change	
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NAME 4. 2 NAME		ļ
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A3 STREET ADDRESS	☐ Change	Addition
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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 Brock 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: