FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90021 036 ***150.00

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 #

1. Corporation Name

A.R. MEL	DIGAL SUP	r Eico, iiio.											
Principal Place	e of Rusiness	<u> </u>	Ma	illing Address					-		iidd liik didii l		
1				_									
2205 HIGHWAY 42 NORTH P.O. BOX 353 MCDONOUGH GA 30253 MCDONOUGH GA 30253													
modernous and seem									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated of	r Qualifed	_		
								•	11/27/1989				
2. Principal Place of Business			2a.	2a. Mailing Address					4. FEI Number		_		Applied For
21			26	26					65-0156810		_,		iot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifcate of Status	Desired			Additional
22			27	- 27				g. Germania di Grana				Required ==	
City & State				City & State				6. Election Campaign	_	П		May Be	
23			28					. Trust Fund Contribu				to Fees	
Zip		Country		Zip		Country	y		8. This corporation ow		rent year In		
24	2		29		30			_	Personal Property 1		<u> </u>	Yes	□No
	9. Name a	nd Address of Curren	t Regist	tered Agent		81			10. Name and Addres	S Of New	Registered	Agent	
റവര	DODATION (SERVICE COMPANY				8,	' '	lame					
	HAYS STRE			•		82	2 8	Street Addre	ss (P.O. Box Number is N	lot Accept	able)		
						_	_						
IALL	ANASSEE F	L 32301-2525				83	3						
]				•		84	1 6	City				85 Zip	Code
ĺ						- 1		-			Fl	- _ `	
11. Pursuant	to the provisio	ns of Sections 607.050	2 and 60	07.1508, Florida Stati	utes, tl	he abov	/e-na	amed corpo	ration submits this statem	ent for the	purpose o	i changing i	ts registered registered
06600000	egistered ager m familiar with	nt, or both, in the State i, and accept the obliga	of Flond tions of,	ia. Such change was Section 607.0505, F	authoi Iorida	rized by Statutes	/ the	corporation	n's board of directors. I he	neby acce	pt the appo	manent 60	-g
06600000	m familiar with	, and accept the obliga	tions of,	Section 607.0505, F	lorida	Statutes	the s.	corporation		neby acce			
office or n agent. I a	m familiar with	, and accept the obligation printed name of registered age	tions of, nt and title i	f applicable. (NO	lorida	Statutes	the s.	corporation	when reinstating)		DATE		
office or n agent. I a SIGNATURE	rn familiar with	, and accept the obliga	tions of, nt and title i	f applicable. (NO CTORS	IORIDA	stered Age	the s.	corporation			DATE		ORS IN 12
office or nagent. I a SIGNATURE 12. IIILE	rn familiar with Signature, typed or	printed name of registered agei OFFICERS AN	tions of, nt and title i	f applicable. (NO	IORIDA	stered Age 13. 1.1 TITLE	/ the S.	corporation	when reinstating)		DATE	ND DIRECT	ORS IN 12
office or nagent. I a SIGNATURE 12. TITLE NAME	Signature, typed or PSTD GAINOR, M	printed name of registered age: OFFICERS AN	tions of, nt and title i	f applicable. (NO CTORS	TE: Regi	statutes stered Age 13. 1.1 TITLE 12 NAME	/ the	corporation	when reinstating)		DATE	ND DIRECT	ORS IN 12
office or n agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or PSTD GAINOR, M 2205 HIGH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH	tions of, nt and title i	f applicable. (NO CTORS	TE: Regis	stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	T AD	nature required	when reinstating)		DATE	ND DIRECT	ORS IN 12
office or n agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or PSTD GAINOR, M 2205 HIGH MCDONOU	printed name of registered age: OFFICERS AN	tions of, nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE	TE: Regis	stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T AD	nature required	when reinstating)		DATE	ND DIRECT	ORS IN 12
office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD GAINOR, N 2205 HIGH MCDONOU	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH GH GA 30253	tions of, nt and title i	f applicable. (NO CTORS	TE: Regig	stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City-S 2.1 TITLE	y the S., ant sig	nature required	when reinstating)		DATE	ND DIRECT	ORS IN 12
office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD GAINOR, N 2205 HIGH MCDONOU AS HIGHLAND	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253	tions of, nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE	TE: Regis	stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ont sig	prature required	when reinstating)		DATE	ND DIRECT	ORS IN 12
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD GAINOR, N 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH	tions of, nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE	TE: Registre	stered Agei 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	y the S.	prature required DRESS	when reinstating)		DATE	ND DIRECT	ORS IN 12
office or nagent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253	tions of, nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE	TE: Regis	stered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S	y the S.	prature required DRESS	when reinstating)		DATE	ND DIRECT	ORS IN 12 Addition
office or nagent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS AS HIGHLAND AS MCDONOU AS	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253	tions of, nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE	TE: Regis	stered Ages 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	The State of the S	prature required DRESS	when reinstating)		DATE	ND DIRECT	ORS IN 12 Addition
office or nagent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE	TE: Regis	stered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	et ad	DRESS DRESS	when reinstating)		DATE	ND DIRECT	ORS IN 12 Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE	TE: Regis	stered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	The S	DRESS DRESS DRESS	when reinstating)		DATE	ND DIRECT	ORS IN 12 Addition
office or nagent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE DELETE	TE: Regis	stered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S 3.5 TREE 3.4 CITY-S	The S	DRESS DRESS DRESS	when reinstating)		DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE	Original Registration	stered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 23 STREE 2.4 CITY-S 3.1 TITLE 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.1 TITLE	The St. Z	DRESS DRESS DRESS	when reinstating)		DATE	ND DIRECT	ORS IN 12 Addition Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE DELETE	TE: Regi	\$\text{statutes}\$ \$\text{statutes}\$ \$\text{13.} \tag{11.1 \text{TITLE}}\$ \$\text{12.} \text{NAME} \tag{1.3 \text{STREE}}\$ \$\text{1.4 \text{CITY-S}}\$ \$\text{2.1 \text{TITLE}}\$ \$\text{2.1 \text{TITLE}}\$ \$\text{3.3 \text{STREE}}\$ \$\text{3.4 \text{CITY-S}}\$ \$\text{4.1 \text{TITLE}}\$ \$\text{4.2 \text{NAME}}\$	et AD	DRESS P DRESS IP	when reinstating)		DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE DELETE	TE: Regi	\$\text{statutes}\$ \$\text{statutes}\$ \$\text{13.}\$ 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-\$ 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-\$ 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE	y the s	DRESS DRESS DRESS DRESS DRESS	when reinstating)		DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE DELETE	TE: Regi	\$\text{startes}\$ \$\text{startes}\$ \$\text{13.} \tag{11.1 \text{TITLE}}\$ \$\text{12.} \text{NAME}\$ \$\text{13.} \text{STREE}\$ \$\text{14.} \text{CITY-S}\$ \$\text{2.} \text{TITLE}\$ \$\text{2.} \text{NAME}\$ \$\text{2.} \text{4.} \text{CITY-S}\$ \$\text{3.} \text{TITLE}\$ \$\text{3.} \text{STREE}\$ \$\text{4.} \text{TITLE}\$ \$\text{4.} \text{TITLE}\$ \$\text{4.} \text{STREE}\$ \$\text{4.} \text{STREE}\$ \$\text{4.} \text{STREE}\$ \$\text{4.} \text{STREE}\$ \$\text{4.} \text{CITY-S}\$	ET AD ST-Z ET AD ST-Z ET AD ST-Z ST-Z ST-Z	DRESS DRESS DRESS DRESS DRESS	when reinstating)		DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or nagent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE DELETE	TE: Regi	\$\text{statutes}\$ \$\text{statutes}\$ \$\text{13.} \tag{11.} 11.	The standard signal standard signal standard signal standard stand	DRESS DRESS DRESS DRESS DRESS	when reinstating)		DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or nagent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE DELETE	TE: Regi	\$\text{statutes}\$ \$\text{statutes}\$ \$\text{13.}\$ 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-\$ 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-\$ 5.1 TITLE 5.2 NAME	ET AD ST-Z	DRESS P DRESS IP DRESS P	when reinstating)		DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or nagent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE DELETE	TE: Regi	\$\text{statutes}\$ \$\text{statutes}\$ \$\text{13. Green}\$ 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-\$ 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-\$ 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	ST-Z	DRESS P DRESS P DRESS P DRESS	when reinstating)		DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or nagent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD GAINOR, M 2205 HIGH MCDONOU AS HIGHLAND 2205 HIGH MCDONOU AS HIGHLAND AS MCDONOU AS MOISE, PH 999 PEACH	printed name of registered age: OFFICERS AN IARK J WAY 42 NORTH IGH GA 30253 , J.MICHAEL WAY 42 NORTH IGH GA 30253 ILIP H ITREE ST.,NE #140	nt and title i	Section 607.0505, F f applicable. (NO CTORS DELETE DELETE	TE: Regi	\$\text{statutes}\$ \$\text{statutes}\$ \$\text{13.}\$ 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-\$ 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-\$ 5.1 TITLE 5.2 NAME	The St. Z	DRESS P DRESS P DRESS P DRESS	when reinstating)		DATE	ND DIRECT Change	ORS IN 12 Addition Addition Addition

CITY-ST-ZIP e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an the this report as required by Chapter 607, Florida Statutes; and that my name appears in like empowered. 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true food a officer or director of the corporation or the receiver or trustee empoyared to Block 12 or Block 13 if changed, or on an attachment with address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED

Daytime Phone #