File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company   **DOCUMENT #** M96000000396

INGRAM PARRIS GROUP, L.L.C.
2722 N. OAK STREET
VALDOSTA GA 31602

1a. Principal Place of Business Address

2722 N. OAK STREET
VALDOSTA GA 31602

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified 10/10/1996	3a. State of Formation GA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 58-2166634	☐ Applied For ☐ Not Applicable
City & State	City & State	5. Date of Last Report 03/13/1998	6. Certificate of Status Desired $8.75 Additional Fee Required ☐
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt #, etc _____ City _____ **FL** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____   DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PARRIS, DANIEL JR.	604 MACK DRIVE	VALDOSTA GA
MGR	INGRAM, JIM	2514 JERRY JONES DRIVE	VALDOSTA GA
MEM	EVANS, ROB	3211 COUNTRY CLUB DRIVE	VALDOSTA GA

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****188.75 ****188.75

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: _____   3/26/99   912-242-3557

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