



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

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 09 APR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 # M97000000537 EDINGTON MARKETING COMPANY, L.L.C. P.O. BOX 311346 ENTERPRISE AL 36331-1346 | | 1a. Principal Place of Business Address 1041 GENEVA HIGHWAY ENTERPRISE AL 36330 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 08/22/1997 3a. State of Formation AL 4. FEI Number 42-1622888 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Date of Last Report 09/30/1998 | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent AGLIANO, JOHN J ESQ. 400 NORTH TAMPA STREET, SUITE 2630 TAMPA FL 33602 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002868560-0 -05/07/99--01135--021 City ****188.75 ****188.75 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MEM | EDINGTON, SARAH L | 305 VALLEY STREAM DRIVE | | ENTERPRISE AL | |
| MEM | BOYD, JULIAN R | 1041 GENEVA HIGHWAY | | ENTERPRISE AL | |
| MGR | EDINGTON, DON | 305 VALLEY STREAM DRIVE | | ENTERPRISE AL | |
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| 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: <u>Don Edington Don Edington</u> 4/24/99 (334) 347-1392 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small> | | | | | |