	FILE	NOW:	FILING FFF	AFT	ER MAY 1 IS	\$225		n		· ·			
ļ —		PROFIT	CW A	>									
CORPORATION					FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham			-					
ANNUAL REPORT					Secretary of State								
	•	1996	Convers	3/	DIVISION OF CO	DRPORAT	IONS						
	OCUN Corporation	MENT #	# M9777	'3	(9)								
	SEASI	NAK, INC.											
Principal Place of Business Mailing Address													
5186 PANOLA MILL DRIVE LITHONIA GA 30038					5186 PANOLÁ MILL DRIVE LITHONIA GA 30038								
									3.	Date Incorporated or Qualified		te of Last R	•
2.	Principal Pla	ice of Business	3	2a.	Mailing Address	···			4.	<b>09/09/1988</b> FEI Number	<u></u>	04/26/19	Applied For
21				26						59-2929275			Not Applicable
22	Suite, Apt. ≢ 	r, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional
23	City & State			28	City & State			•	6.	Election Campaign Financing		\$5.0	Required  May Be
	Zip		Country	[20]	Zip	Count	ry		В.	Trust Fund Contribution  This corporation has liability for			d to Fees 199.032,
24		2 Nome of		29	3	o]				Florida Statutes  Yes	No IVo		
		9. Name B	nd Address of Current	Hegist	erea Agent	8	1 N:	nne 👠	10.	Name and Address of New F	tegistered	Agent	
	DAWKIN	IS, MARK C						4	40	GK C. Day	4 K:		
	8335 EA	ARL CIRCLE	WEST			8	2 St	reet Addri	ress (P	O. Box Number is Not Acceptate	ole)		
	JACKSO	ONVILLE FL	32219			8	3						
						8	4 Cit	ly				85 Zi	p Code
11	. Pursuant to	the provision	s of Sections 607.0502	and 607	.1508, Florida Statutes,	the above	 : name	ed corpor	ration s	submits this statement for the pu	pose of ch	anging its r	registered office
	or registere familiar with	ed agent, or bo h, and accept	oth, in the State of Florid the obligations of, Section	a. Such on 607.0	change was authorized t 505, Florida Statutes.	by the cor	rporati	on's boar	rd of d	irectors. I hereby accept the app	ointment a	s registered	Lagent. Lam
SI	GNATURE _												
12		aignature, typeo or p	orinted name of registered agent a OFFICERS AND			legislared Ag	ent signi	ature required	d when re	enstating) ADDITIONS/CHANGES TO OFF	DATE	D DIBECTO	ORS IN 12
TH	'LE	PTD			DELETE	1 1 117(1	F					Change	Addition
	ME		S, MARK C			1.2 NAME	ŧ						
	REET ADDRESS		NOLA MILL DRIVE			13 STRE		!					
CII	[Y-S]-2(P	LITONI	A GA 30038		DELETE	1.4 CITY- 2 1 TITE						Change	☐ Addition
	IME				C occur	2 2 NAME						T mande	☐ Addition
ST	REET ADDRESS					2 3 STRE		ESS					
	TY-ST-ZIP					2.4 C/TY-	-ST <sub>3</sub> ZiP						
ווז	}				DELETE	3 1 TITLE						☐ Change	☐ Addition
	ME					3 2 NAME							
	REET ADDRESS IY-ST-ZIP					3.3. STRE							
7(1					DELE IE	3.4 CITY - 4. 1 DILE						Change	Addition
NA	ME					4.2 NAM6						L. Onlings	nonnon
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111	1				DELETE	5 1 11116						☐ Change	Addition
NA CT	1					5 2 NAME							
	REET ADDRESS TY-ST-ZIP					5 3 STREE				20000183	485	52	da
TIT					DELETE	5.4 CITY - 6. 1 TITLE				20000183 -05/24/96010 ***208.00	<u>14 (~~U</u>	Ul4 Oliange	Addition
	ME					6.2 NAME				<u>~~~~LUU.UU</u>	/	772	July Poorition
ST	REET ADDRESS					63 STREE		ESS			(_	SV2	/
CiT	Y-ST-ZIP					6.4 CITY-		- 1				<b>7 )</b> [	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Flohed 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 logal effect as if made under eath; 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.

SIGNATURE:

\*\*Mark C. Dawkins\*\*

\*\*Daylor C. Daylor C