## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	Secretary of State  1996  DIVISION OF CORPORATIONS										
DOCUMENT # P01172 (6) 1. Corporation Name											
BEERS (	CONSTRUC	TION COMPANY									
Principal Place of	Business		Mailing Address								
70 ELLIS STREET ATLANTA GA 30303			70 ELLIS STREET ATLANTA GA 30303								
US			U\$					3. Date Incorporated or Qualified 03/09/1984	l	e of Last R	•
<b>2.</b> Principal Place	of Business	F	2a. Mailing Address					4, FEI Number			Applied For
1 │ Suite_Apt. #, ∈ 2	etc.	2	Suite, Apt. #, etc.	<del>_</del> _				58-1481952 5. Certificate of Status Desired		\$8.75	Not Applicable  Additional  Required
*t City & State 3			City & State		•	· · · · · ·		Election Campaign Financing     Trust Fund Contribution		\$5.0	May Be d to Fees
	[ C	ountry	Zip	30 Coi	untry			8. This corporation has liability for in Florida Statutes			
	·	ddress of Current Re	•	1001	L			10. Name and Address of New Re		Agent	
					81	Name					
	EHALL CORPO I'H MAGNOLIA	DRATION SYSTEM, I STREET	NC.		82	Street A	Addres	s (P.O. Box Number is Not Acceptable	θ)		
TALLAHAS	SSEE FL 3230	1			83						
					84	City			FL	85 Zij	p Code
11. Pursuant to t	he provisions of	Sections 607.0502 and	607.1508, Florida Statute	es, the ab	ove-r	named co	rporat	ion submits this statement for the purp of directors. I hereby accept the appo	case of ch	anging its r	registered office
SIGNATURE _		name of registered agent and till OF FICERS AND DIF	<del></del>		o Ager	nt signature re	quired v	then reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS ANI	D DIRECTO	DRS IN 12
Mr.	Р		DELETE	1.1	TITLE					Change	Addition
IAME STREET ADDRESS		CREEK RD., NW			NAME Street	ADDRESS					
C(IN -SI - ZIP) Title	ATLANTA G/ S/T	·	DELETE		OTY - S TITLE	ST - ZIP			_	Change	☐ Addition
NAME	WILLIAMS, C	HRIS	Писс		NAME			/T	3	RK Change	
JREET ADDRESS	8060 RIVER	CIRCLE		235	STAEET	ADDRESS	_	hris Williams 95 Hampton Bluff Dr:	ivo		
OFF-ST, ZIP	DUNWOODY	GA	F3 beitte			ST - ZIP		lpharetta, GA 3020	1	Ch	C Address
TUF TAME			☐ DELETE		TITLE			•		Change	☐ Addition
STREE! ADDRESS						T ADDRESS					
DEV-SE-ZIP				340	CITY - S	ST-ZIP					
lf!L <b>F</b>			DELETE		TITLE					Change	☐ Addition
44MI					NAME						
STREET ADDRESS DOY ST ZIP						T ADORESS ST-ZIP					
ilit			☐ DELETE		TITLE					Change	Addition
NAM(				5.21	NAME						
SPEELL ADDRESS				538	STREET	I ADDRESS					
DITY-ST ZEE			□ DCICTE	~		S1 - ZIP		······································		Channe	€ Add then
II.F NAME			☐ DELETE		TITLE					☐ Change	☐ Add-tion
MELLADORESS						F ADDRESS					
City - St - ZiP						ST-ZIP					
<b>14.</b> I do hereby d	certify that the in	onnation supplied with	this filing is voluntarily furn	nished and	doe	s not qua	lify for	the exemption stated in Section 119.1 and that my signature shall have the	07(3)(k), Fl	orida Statu	tes. I further
oath, that La	m an officer or c	irector of the corporatio	in or the receiver or truste	e embowi	ered	to executi	e this	report as required by Chapter 607, Flo	orida Statu	tes; and th	at my name
व्यक्ष्यक्षा ।	NOUN IZ UT DIOCH	To ili priagrogni, di dri ar	attachment with an add	71/	7						

SIGNATURE: SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (404)659 - 1970
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