FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01172

(6)

BEERS CONSTRUCTION COMPANY

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 70 ELLIS STREET 70 ELLIS STREET ATLANTA GA 30303 ATLANTA GA 30303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1984 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 58-1481952 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 SOUTH PINE ISLAND RD. 83 PLANTATION FL 33324 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CEO DELETE CEO X Change ___ Addition TITLE 1.1 TITLE GELLERSTEDT. III L.L. NAME 1.2 NAME Riedel, Joseph A. 2976 NANCY CREEK RD., NW STREET ADDRESS 1.3 STREET ADDRESS 884 Castle Falls Dr., NE ATLANTA GA Atlanta, GA. 30329 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Secretary/ Treasurer WILLIAMS, CHRIS 2.2 NAME NAME Randyl M. Leeder **895 HAMPTON BLUFF DRIVE** STREET ADDRESS 2.3 STREET ADDRESS 5800 Millwick Dr. ALPHARETTA GA CITY-ST-ZIP 2. 4 CITY-ST-ZIP Alpharetta, Ga. 30202 DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. City-St-ZIP CITY-ST-ZIP DELETE 4.1 THILE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustoe 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.

6.4 CITY-ST-ZIP