

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

FILED

Mar 07 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01961

(2)

1. Corporation Name

M.E. HUNTER & ASSOCIATES, INC.

Principal Place of Business

1550 NORTHWEST DRIVE, N.W.  
ATLANTA GA 30318

Mailing Address

1550 NORTHWEST DRIVE, N.W.  
ATLANTA GA 30318-3851

3. Date Incorporated or Qualified  
05/10/1984

3a. Date of Last Report  
04/23/1996

4. FEI Number  
58-1551479

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, J. MICHAEL	
STREET ADDRESS	1378 WENLOCK EDGE COVE	
CITY-ST-ZIP	STONE MTN GA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	THARPE, R. JOEL	
STREET ADDRESS	1385 WOOD POND COVE	
CITY-ST-ZIP	STONE MTN GA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, MIKE W.	
STREET ADDRESS	403 BEECHWOOD LANE	
CITY-ST-ZIP	WOODSTOCK GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ALLEN, OWEN R.	
STREET ADDRESS	97 EDDIE LANE	
CITY-ST-ZIP	MABLETON GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hunter, J. Michael	
1.3 STREET ADDRESS	P.O. Box 557 (Boggs Mountain Road, RR1)	
1.4 CITY-ST-ZIP	Tiger, GA 30576-0557	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mike W. Hunter	
2.3 STREET ADDRESS	403 Beechwood Lane	
2.4 CITY-ST-ZIP	Woodstock, GA 30189	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stephen D. Jenkins	
3.3 STREET ADDRESS	2109 Laurel Hill Drive	
3.4 CITY-ST-ZIP	Woodstock, GA 30189	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 contained on this annual report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

*R. Joel Tharpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Joel Tharpe, V.P. & Treas 2-13-97 (404)794-0811

Date

Daytime Phone #

CR2E034 (9/96)

YB 37

800002107908  
-03/10/97--01007--035  
\*\*\*165.00