

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

20 APR 29 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03262 (3)
1. Corporation Name
BLUE LINE REALTY, INC.



Principal Place of Business
4310 OLD MCDONOUGH ROAD
CONLEY GA 30027

Mailing Address
4310 OLD MCDONOUGH ROAD
CONLEY GA 30027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 4963 So. Royal Atlanta Dr.	26 4963 So. Royal Atlanta Dr.	3. Date Incorporated or Qualified 09/05/1984	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 58-1580284	
22 City & State	27 City & State	Applied For Not Applicable	
23 Tucker GA 30084	28 Tucker GA 30084	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 30084 Country	Zip 30084 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 30084	29 30084	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GILDAN, HERBERT L.
1645 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33402

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	HAUCK, DAVID W.	1.2 NAME	Hauck, David W.
STREET ADDRESS	4310 OLD MCDONOUGH ROAD	1.3 STREET ADDRESS	4963 S. Royal Atlanta Dr.
CITY-ST-ZIP	CONLEY GA	1.4 CITY-ST-ZIP	Tucker GA 30084
TITLE	VD	2.1 TITLE	VD
NAME	ORR, KENNETH R.	2.2 NAME	Orr, Kenneth R.
STREET ADDRESS	17 HOPPER FARM RD.	2.3 STREET ADDRESS	4963 So. Royal Atlanta Dr.
CITY-ST-ZIP	F875551	2.4 CITY-ST-ZIP	Tucker GA 30084
TITLE	CFO	3.1 TITLE	CFO
NAME	GERADO, ROBERT W.	3.2 NAME	Gerardo, Robert W.
STREET ADDRESS	4310 OLD MCDONOUGH RD	3.3 STREET ADDRESS	4963 So. Royal Atlanta Dr.
CITY-ST-ZIP	CONLEY GA	3.4 CITY-ST-ZIP	Tucker Ga 30084
TITLE	S	4.1 TITLE	S
NAME	SNYDER, GARY E.	4.2 NAME	Snyder, Gary E.
STREET ADDRESS	3080 PEACHTREE RD. STE 1100	4.3 STREET ADDRESS	4963 So. Royal Atlanta Dr.
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Tucker GA 30084
TITLE		5.1 TITLE	Contoller
NAME	700002512967--0	5.2 NAME	Owens, R. Steven
STREET ADDRESS	-05/06/98--01036--010	5.3 STREET ADDRESS	4963 So. Royal Atlanta Dr.
CITY-ST-ZIP	****150.00 ****150.00	5.4 CITY-ST-ZIP	Tucker GA 30084
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 if changed, or on an attachment with an address.

SIGNATURE
Gary E. Snyder
4-28-98
404-261-8000

CR2E034 (10/97)