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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06653

1. Corporation Name

MERCHANDISING EQUIPMENT, INC.

Principal Place of Business

Mailing Address

**820 FAIRBURN ROAD. S.W.
ATLANTA GA 30331**

**820 FAIRBURN ROAD. S.W.
ATLANTA GA 30331**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1985

4. FEI Number

58-0662431

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☒ DELETE
NAME **GRANT, RICHARD E**
STREET ADDRESS **60 TINSLEY WAY**
CITY-ST-ZIP **SENOIA GA 30276**

1.1 TITLE **PRES. DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **LAWTON K. GRANT**
1.3 STREET ADDRESS **210 STRANDHILL RD.**
1.4 CITY-ST-ZIP **TYRONE, GA 30290**

TITLE **V** ☒ DELETE
NAME **SMITH, RALPH T. JR.**
STREET ADDRESS **166 ROCK GARDEN TERRACE**
CITY-ST-ZIP **MARIETTA GA**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **THOMAS R. KEEN**
2.3 STREET ADDRESS **6145 SHOAL CREEK RD.**
2.4 CITY-ST-ZIP **ASHVILLE, AL 35953**

TITLE **VD** ☒ DELETE
NAME **GRANT, LAWTON E**
STREET ADDRESS **820 FAIRBURN RD**
CITY-ST-ZIP **ATLANTA GA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SHERMAN, HELEN**
STREET ADDRESS **937 FOREST POINTE WAY**
CITY-ST-ZIP **JONESBORO GA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **GRANT, ROBERT C**
STREET ADDRESS **396 SULLIVAN ROAD**
CITY-ST-ZIP **NEWNAN GA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT C. GRANT, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 **404-696-2466**

CR2E034 (11/98)