

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90160 045 \*\*\*150.00

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DOCUMENT # P06702

1. Corporation Name

PRIVETT AND ASSOCIATES, INC.



Principal Place of Business

200 SHADOWLAWN DR.  
ST. MARYS GA 31558  
US

Mailing Address

1320 GEORGIA HIGHWAY 40 EAST  
ST. MARYS GA 31558

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1201 Shadowlawn Drive Suite, Apt. #, etc. 22		2a. Mailing Address 26 1201 Shadowlawn Drive Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/10/1985	
23 City & State St. Marys, Georgia Zip Country 31558 United States		28 City & State St. Marys, Georgia Zip Country 31558 United States		4. FEI Number 58-1482504 Applied For Not Applicable	
9. Name and Address of Current Registered Agent PRIVETT, PARK D. JR. 11449 LAUREL GREEN WAY N. JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIVETT, PARK DEAN, JR.	1.2 NAME	
STREET ADDRESS	11449 LAUREL GREEN WAY N	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, PHILLIP	2.2 NAME	
STREET ADDRESS	FANCY BLUFF RD., EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRUNSWICK GA	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, MABLE E.	3.2 NAME	Hudson, Tammy S.
STREET ADDRESS	1688 C.M.G. PL	3.3 STREET ADDRESS	80 Dolphin Drive
CITY-ST-ZIP	WOODBINE GA	3.4 CITY-ST-ZIP	St. Marys, Georgia 31558
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-99 (9/2) 882-3738

CR2E034 (1/98)