

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06803** (1)
1. Corporation Name
KEOGLER, MORGAN & COMPANY, INC.



Principal Place of Business 100 GALLERIA PARKWAY, STE. 1600 ATLANTA GA 30339-5906	Mailing Address 100 GALLERIA PARKWAY, STE. 1600 ATLANTA GA 30339-5906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 Windy Ridge Parkway Suite, Apt. #, etc. 22 Suite 1100 City & State 23 ATLANTA, GA Zip 24 30339		2a. Mailing Address 26 2300 Windy Ridge Parkway Suite, Apt. #, etc. 27 Suite 1100 City & State 28 ATLANTA, Georgia Zip 29 30339		3. Date Incorporated or Qualified 07/19/1985	
		4. FEI Number 58-1621983		Applied For Not Applicable	
		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 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	COB	1.1 TITLE	PRESIDENT
NAME	KEOGLER, WILLIAM H JR	1.2 NAME	THOMAS W. HUTCHINS
STREET ADDRESS	469 ATLANTA COUNTRY CLUB	1.3 STREET ADDRESS	2300 WINDY RIDGE PARKWAY, STE 1100
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	S	2.1 TITLE	
NAME	HARRIS, SUSAN L ESO	2.2 NAME	
STREET ADDRESS	2549 WESTRIDGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	MAGGIORE, JILL WRIGHT	3.2 NAME	DANIEL O. WILLIAMS
STREET ADDRESS	217 CABIN CREEK CT	3.3 STREET ADDRESS	2300 WINDY RIDGE PKWY, Suite 1100
CITY-ST-ZIP	WOODSTOCK GA	3.4 CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	VP	4.1 TITLE	VP
NAME	CALHOUN, JEFFREY S	4.2 NAME	WELLS, THOMAS M.
STREET ADDRESS	6425 STAPLEFORD LANE	4.3 STREET ADDRESS	2300 WINDY RIDGE PARKWAY, Ste 1100
CITY-ST-ZIP	DULUTH GA	4.4 CITY-ST-ZIP	ATLANTA, GA 30339
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 **THOMAS W. HUTCHINS** 77-9-11-187

CR2E034 (10/97)