

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

FILED
May 21 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 # **P07115 (9)**
1. Corporation Name
ATLANTIC UNITED CONSTRUCTION, INC.



Principal Place of Business 1475 KLONDIKE RD., STE 100 CONYERS GA 30207	Mailing Address 1475 KLONDIKE RD., STE 100 CONYERS GA 30207
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1475 Klondike Rd. Suite, Apt. #, etc. 22 100 City & State 23 Conyers, Georgia Zip 24 30094		2a. Mailing Address 26 1475 Klondike Rd. Suite, Apt. #, etc. 27 100 City & State 28 Conyers, Georgia Zip 29 30094		3. Date Incorporated or Qualified 08/15/1985	
Country 25 USA		Country 30 USA		4. FEI Number 58-1593851 Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

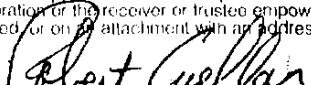
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENMORE, CLAY		← No Change	1.2 NAME	Cuellar, Robert		
STREET ADDRESS	1475 KLONDIKE RD. #100			1.3 STREET ADDRESS	1475 Klondike Rd., #100		
CITY - ST - ZIP	CONYERS GA			1.4 CITY - ST - ZIP	Conyers, GA 30094		
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CUELLAR, ROBERT			2.2 NAME	Pamela Kenmore-Burnett		
STREET ADDRESS	1475 KLONDIKE RD. #100			2.3 STREET ADDRESS	1475 Klondike Rd., #100		
CITY - ST - ZIP	CONYERS GA			2.4 CITY - ST - ZIP	Conyers, GA 30094		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
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.

SIGNATURE:  Robert Cuellar, Exec. VP 5/12/98 (770) 929-8992

CR2E034 (10/97)