


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

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FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90040 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07115

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 Road Suite, Apt. #, etc. 22 Suite 100 City & State 23 Conyers, GA Zip 24 30094	2a. Mailing Address 26 1475 Klondike Road Suite, Apt. #, etc. 27 Suite 100 City & State 28 Conyers, GA Zip 29 30094	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 08/15/1985	4. FEI Number 58-1593851	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 the current year Intangible Personal Property Tax.	<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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KENMORE, CLAY	
STREET ADDRESS	1475 KLONDIKE RD. #100	
CITY-ST-ZIP	CONYERS GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUELLAR, ROBERT	
STREET ADDRESS	1475 KLONDIKE RD. #100	
CITY-ST-ZIP	CONYERS GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KENMORE-BURNETT, PAMELA	
STREET ADDRESS	1475 KLONDIKE ROAD #100	
CITY-ST-ZIP	CONYERS GA 30094	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Robert Cuellar Robert Cuellar, VP 2/1/99 (770) 929-8992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)