Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P07466

Principal Place of Business

EVAN M. TERRY ASSOCIATES, P.C.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90047 035 ***150.00



| ONE PERIMETER PARK SOUTH SUITE 200 S BIRMINGHAM AL 35243 US | ONE PERIMETER PARK SOUT SUITE 200 S BIRMINGHAM AL 35243 US | тн | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1985 |
|--|---|----------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | - | | 4. FEI Number Applied For |
| 21 | 26 | | | 63-0888357 Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | 27 | <u></u> | | Fee Required |
| City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip Country 24 25 | Zip Country | | | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No |
| 9. Name and Address of Current | | <u>-1</u> | | 10. Name and Address of New Registered Agent |
| | | 81 | Name |) |
| MACKIE, TAD | | 82 | <u> </u> | |
| 2500 BAY STREET | | | Street | t Address (P.O. Box Number is Not Acceptable) |
| SARASOTA FL 34237 | | 83 | | |
| | | | | |
| | | 84 | City | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607 0502 | and 607 1508. Florida Statutes | the above | l e-namer | d 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 auth | orized by | the corr | poration's board of directors. I hereby accept the appointment as registered |
| agent. I am familiar with, and accept the obligation | Section 607.0505, Florida | a Statutes | • | 46141 |
| SIGNATURE | and title if applicable. (NOTE: Re | poietered Agen | 1 signature | required when reinstating) DATE |
| 12. OFFICERS AND | | 13. | it signature | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE SOM | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME SOKOL, MALCOLM L. | | 1.2 NAME | | |
| STREET ADDRESS 70 SILVER LAKE DR | | 1.3 STREET | 'ADDRESS | |
| CITY-ST-ZIP CROPWELL AL | | 1.4 CITY-S | | |
| TITLE PD | DELETE | 2.1 TITLE | | CDT XChange Addition |
| NAME TERRY, JAMES L. | | 2.2 NAME | | |
| STREET ADDRESS 1224 GREEN GLEN ROAD | | 2.3 STREET | ADDDECC | JAMES LESLIE EVAN TERRY |
| DIDAMAGNAS | | 2.4 CITY-S | | HOOVER, AL 35226 |
| TITLE DV | ☐ DELETE | 3.1 TITLE |)-ZIP | PD Change Addition |
| NAME KING, JR N | | 3.2 NAME | | NEIL H VINC TO |
| STREET ADDRESS 5809 LOBLOLLY DRIVE | | 3.3 STREET | AUUDEco | SEAD IMPLANT DANCE |
| CITY-ST-ZIP BIRMINGHAM AL | | 3.4. CITY-S | | NEIL H. KING, JR. 5869 LOBLOUY DRIVE BIRMINGHAM, AL 35242 |
| TITLE | ☐ DELETE | 4.1 TITLE | 1-ZIP | Change Addition |
| NAME | | 4.1 NAME | | |
| STREET ADDRESS | | 4.3 STREET | ADDDECC | |
| CITY-ST-ZIP | | 4.3 STREET | | 1 |
| TITLE | ☐ DELETE | 5.1 TITLE | -ZIP | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | , | 5.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST | | 5 |
| TITLE | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | _ 5222,6 | 6.2 NAME | | Cualifie Dividing |
| STREET ADDRESS | | 6.3 STREET | VDDB::cc | } |
| | | 6.4 CITY+ST | | |
| C/TY-ST-ZIP | | 0.7 0111-31 | - 441 | 1 |

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: