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 04, 1999 8:00 am
Secretary of State
03-04-1999 90250 040 ***158.75

DOCUMENT # **P13493**

1. Corporation Name
FLASH HOLDING COMPANY

Principal Place of Business
102 LEE AVE.
P.O. BOX 2149
WAYCROSS GA 31502

Mailing Address
102 LEE AVE.
P.O. BOX 2149
WAYCROSS GA 31502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/06/1987

4. FEI Number 58-1484387 — Applied For / Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
BURGESS, GRANVILLE C.
303 CENTRE STREET, STE. 200
FERNANDINA BEACH FL 32034

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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, JAMES A. JR.	1.2 NAME	
STREET ADDRESS	RIVER OAKS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKSHEAR GA	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WYSONG, PHIL	2.2 NAME	
STREET ADDRESS	1304 ST. MARYS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, J.C. JR.	3.2 NAME	
STREET ADDRESS	BENT TREE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKSHEAR GA	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CAROLE	4.2 NAME	
STREET ADDRESS	BENT TREE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKSHEAR GA	4.4 CITY-ST-ZIP	
TITLE	C ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JONES, J.C., III	5.2 NAME	
STREET ADDRESS	CENTRAL AVE EXTENSION	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, PATRICK	6.2 NAME	
STREET ADDRESS	SEMINOLE SPRINGS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	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: Phil Wysong PHIL WYSONG 2/15/99 912-285-4011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)