


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

FILED

Feb 05 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 # **P14076** (4)

1. Corporation Name
HARDWOOD OF GEORGIA, INC.

Principal Place of Business

~~1905 POWERS FERRY RD~~
~~SUITE 200~~
~~ATLANTA GA 30339~~
US

Mailing Address

~~1905 POWERS FERRY RD~~
~~SUITE 200~~
~~ATLANTA GA 30339~~
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1900 THE EXCHANGE	26 1900 THE EXCHANGE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 180	27 SUITE 180
City & State	City & State
23 ATLANTA GA	28 ATLANTA GA
Zip	Zip
24 30339	29 30339
Country	Country
25 US	30 US

3. Date Incorporated or Qualified	4. FEI Number	Applied For
04/16/1987	58-1315964	<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

O'NEILL, TIMOTHY J
~~**3397 W. GULF DR.**~~
~~**#D**~~
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 33957
83	
84 City	SANIBEL

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P ONEILL, JULIA C.
STREET ADDRESS	1905 POWERS FERRY RD #280
CITY - ST - ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	VP O'NEILL, TIMOTHY J
STREET ADDRESS	1905 POWERS FERRY RD STE 280
CITY - ST - ZIP	ATLANTA GA 30339
TITLE	<input type="checkbox"/> DELETE
NAME	S O'NEILL, JULIA C
STREET ADDRESS	1905 POWERS FERRY RD STE 280
CITY - ST - ZIP	ATLANTA GA 30339
TITLE	<input type="checkbox"/> DELETE
NAME	AS TAYLOR, BRADLEY J
STREET ADDRESS	1409 PEACHTREE ST.
CITY - ST - ZIP	ATLANTA GA
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1900 THE EXCHANGE, STE 180
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'NEILL, TIMOTHY J. SR.
2.3 STREET ADDRESS	1900 THE EXCHANGE, STE 180
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1900 THE EXCHANGE, STE 180
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)(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:  **REQUIRED** 1/29/98 770-955-8125

CR2E034 (10/97)