

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90095 034 ***150.00

DOCUMENT # P18718

1. Corporation Name

FULGHUM INDUSTRIES, INC.

Principal Place of Business

**204 SOUTH MAIN STREET
WADLEY GA 30477**

Mailing Address

**204 SOUTH MAIN STREET
WADLEY GA 30477**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1988

4. FEI Number

58-0684167

Applied For

Not Applicable

5. Certificate 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

21 317 South Main Street

2a. Mailing Address

26 317 South Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME HEYWARD WELLS JR
STREET ADDRESS 2372 SYLVAN GROVE RD
CITY-ST-ZIP STAPLETON GA 30823**

TITLE ☐ DELETE

**VP
NAME EVANS, ROBERT E JR.
STREET ADDRESS 215 SPRING VALLEY ROAD
CITY-ST-ZIP WAYNESBORO FL**

TITLE ☐ DELETE

**ST
NAME KING, JUDY A.
STREET ADDRESS 322 SUGARCREEK DR
CITY-ST-ZIP GROVETOWN GA**

TITLE ☐ DELETE

**CD
NAME FULGHUM, O.T., JR.
STREET ADDRESS 3337 WALTON WAY
CITY-ST-ZIP AUGUSTA GA**

TITLE ☐ DELETE

**D
NAME HEYWARD WELLS JR
STREET ADDRESS 2372 SYLVAN GROVE RD
CITY-ST-ZIP STAPLETON GA 30823**

TITLE ☐ DELETE

**D
NAME KARRH, RANDOLPH C.
STREET ADDRESS P.O. BOX K NA
CITY-ST-ZIP SWANSBORO GA**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Waynesboro, GA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99
Date

912-252-5223
Daytime Phone #

CR2E034 (11/98)