

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21221

1. Corporation Name

CHARLES L. BURKS & COMPANY, INC.

Principal Place of Business

1484 B/C ATLANTA INDUSTRIAL WAY
ATLANTA GA 30331

Mailing Address

1484 B/C ATLANTA INDUSTRIAL WAY
ATLANTA GA 30331

FILED

99 JAN 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/07/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-0903276	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			

9. Name and Address of Current Registered Agent

MCDUFFIE GREG
10951 BRIGHTSIDE DR
TAMPA FL 33624

10. Name and Address of New Registered Agent

81	Name	Dennis Watts
82	Street Address (P.O. Box Number is Not Acceptable)	5009 Shore
83	City	St. Augustine
84	State	FL

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 is 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 607.0501, Florida Statutes.

SIGNATURE

[Signature]
Signature of person or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	
NAME	MAYHEW, TERRY	1.2 NAME	
STREET ADDRESS	101 PROSPECT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	DELL'ORSO, MARILYN	2.2 NAME	
STREET ADDRESS	1434 B/C ATLANTA IND WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	VESPA, ROBERT	3.2 NAME	
STREET ADDRESS	101 PROSPECT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] REMARILYN DELL'ORSO

DATE

1/18/99

DAYTIME PHONE #

404-691-7640

CR2E034 (11/98)