

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

**FILED**

**Feb 16 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P25884 (8)**

1. Corporation Name  
**APAC-GEORGIA, INC.**



Principal Place of Business <b>600 ASHWOOD PKWY STE 700 ATLANTA GA 30338 US</b>	Mailing Address <b>PO BOX 14000 LEXINGTON KY 40512 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
23 City & State 24 Zip Country	28 City & State 29 Zip Country

3. Date incorporated or Qualified <b>09/01/1989</b>	4. FEI Number <b>58-1401468</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
660 EAST JEFFERSON STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	S/T	<input type="checkbox"/> DELETE
NAME	<b>ONUSCHAK, PETER W</b>	
STREET ADDRESS	<b>3111 PORT COBB DRIVE</b>	
CITY-ST-ZIP	<b>SMYRNA GA 30080</b>	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, CHARLES D</b>	
STREET ADDRESS	<b>3499 DABNEY DRIVE</b>	
CITY-ST-ZIP	<b>LEXINGTON KY</b>	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	<b>WALES, T. CODY</b>	
STREET ADDRESS	<b>1000 ASHLAND DRIVE</b>	
CITY-ST-ZIP	<b>RUSSELL KY</b>	
TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	<b>BATZEL, T.D.</b>	
STREET ADDRESS	<b>3111 PORT COBB DRIVE</b>	
CITY-ST-ZIP	<b>SMYRNA GA</b>	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	<b>PACE, RAY M</b>	
STREET ADDRESS	<b>3499 DABNEY DRIVE</b>	
CITY-ST-ZIP	<b>LEXINGTON KY 40509</b>	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	<b>SAWRAN, WILLIAM R</b>	
STREET ADDRESS	<b>3499 DABNEY DRIVE</b>	
CITY-ST-ZIP	<b>LEXINGTON KY 40509</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>P/D</b>
4.3 STREET ADDRESS	<b>Nichols, Frank D., Jr.</b>
4.4 CITY-ST-ZIP	<b>1208 Oxford Road Atlanta GA 30306</b>
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: *Charles D. Ellis* **Charles D. Ellis** 2-3-98 (606) 357-7484

CR2E034 (10/97)