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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26979

(5)

1. Corporation Name
MC STRATEGIES, INC.

Principal Place of Business
100 HARTSFIELD CENTRE PARKWAY
SUITE 400
ATLANTA GA 30354
US

Mailing Address
100 HARTSFIELD CENTRE PARKWAY
SUITE 400
ATLANTA GA 30354-1350
US

3. Date Incorporated or Qualified 11/21/1989
3a. Date of Last Report 03/21/1996

2. Principal Place of Business

21 495 CIRCLE 85

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 ATLANTA, GA

Zip

24 30349-6001

Country

25 CLAYTON

2a. Mailing Address

26 495 CIRCLE 85

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 ATLANTA,

Zip

29

Country

30

4. FEI Number
58-1683614

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
GALIMORE, DON
STREET ADDRESS 218 TILLMAN ROAD
CITY- ST- ZIP FAYETTEVILLE GA

TITLE ☐ DELETE

NAME SD
GALIMORE, CAROL
STREET ADDRESS 218 TILLMAN ROAD
CITY- ST- ZIP FAYETTEVILLE GA

TITLE ☐ DELETE

NAME VD
JONES, DOUG
STREET ADDRESS 2117 CANNON ROAD
CITY- ST- ZIP HURST TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

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

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

Date

404 669 9400

Daytime Phone #

0012674

CR2E034 (9/96)