

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P29291 (2)
1. Corporation Name
ASBESTOS FREE, INC.



Principal Place of Business
1111 ALDERMAN DR., SUITE 435
ALPHARETTA GA 30202-4143

Mailing Address
1111 ALDERMAN DR., SUITE 435
ALPHARETTA GA 30202-4143

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------------|--|---------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/09/1990 | |
| 21 | | 26 | | 4. FEI Number 58-1797927 | |
| 22 Suite, Apt. #, etc. 1879 McFarland Rd | | 27 Suite, Apt. #, etc. 1879 McFarland Rd | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State Alpharetta, Ga | | 28 City & State Alpharetta, Ga | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip 30005 | | 29 Zip 30005 | | 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 N/A | |
| 25 Country USA | | 30 Country USA | | | |

9. Name and Address of Current Registered Agent

SIMMONS, RONALD L.
475 MONITOR ST
MERRITT ISLAND FL 32952

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 |

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 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|-------------------------------------------------------|----------------------|
| TITLE | P | 1.1 TITLE | P |
| NAME | JONES, R. JACK | 1.2 NAME | RONALD SIMMONS |
| STREET ADDRESS | 287 MACKINAC HOLLOW | 1.3 STREET ADDRESS | 514 ROSEMONT PARKWAY |
| CITY-ST-ZIP | LAWRENCEVILLE GA | 1.4 CITY-ST-ZIP | ROSWELL, GA 30075 |
| TITLE | VD | 2.1 TITLE | |
| NAME | WELCH, SANDRA O. | 2.2 NAME | |
| STREET ADDRESS | 285 CLIPPER BAY DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALPHARETTA GA | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | WELCH, FENDALL E. | 3.2 NAME | |
| STREET ADDRESS | 285 CLIPPER BAY DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALPHARETTA GA | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | |
| NAME | GIBSON, NANCY | 4.2 NAME | |
| STREET ADDRESS | 3736 JESICA TRACE | 4.3 STREET ADDRESS | 745 Fields Drive |
| CITY-ST-ZIP | KENNESAW GA | 4.4 CITY-ST-ZIP | Cumming, Ga. 30131 |
| 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.

CR2E034 (10/97)