


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

FILED

**Mar 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30582 (1)

1. Corporation Name
CONTSHP AGENCIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6002 COMMERCE BLVD. P.O. BOX 3147 SAVANNAH GA 31408 US	Mailing Address N/A P.O. BOX 3147 SAVANNAH GA 31402 US
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3. Date Incorporated or Qualified
08/17/1990

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number
58-1906809

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 or has paid the current year intangible Personal Property Tax due June 30. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CS GROVES, R.W. III	1.2 NAME	
STREET ADDRESS	RT 3 BOX 483	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31408	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VC MACPHERSON, J.R. JR.	2.2 NAME	
STREET ADDRESS	18545 BAY FRONT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CLEAR AL 38564	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P RUPERT, DONALD	3.2 NAME	
STREET ADDRESS	90 BENEDICT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD ENNIS, E.L.	4.2 NAME	
STREET ADDRESS	1822 WILMINGTON ISLAND	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31410	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VERNON W. CAWTHON, JR.	
6002 COMMERCE BLVD.	
GARDEN CITY, GA. 31408	
SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHERYL C. ELTON	
310 W WHATLEY ST.	
POOLER, GA. 31322	

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 _____ DATE **3/24/98** 912-9665200

CP2E034 (10/97)