

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

FILED

Jan 29 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
---	---	---

DOCUMENT # **P31030** (0)  
1. Corporation Name  
**THE TAULMAN COMPANY**

Principal Place of Business <b>415 EAST PACES FERRY ROAD ATLANTA GA 30305</b>	Mailing Address <b>PO BOX 686 LITHIA SPRINGS GA 30057 US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>561 Thornton Rd.</b> Suite, Apt. #, etc. 22 <b>Suite E</b> City & State 23 <b>Lithia Springs, GA</b> Zip 24 <b>30122</b>		2a. Mailing Address 25 <b>P.O. Box 696</b> Suite, Apt. #, etc. 27 City & State 28 <b>Lithia Springs, GA</b> Zip 29 <b>30122</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>09/24/1990</b>	4. FET Number <b>58-1907154</b> Applied For 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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WHITE, STAN</b>			1.2 NAME	<b>Patricia E. Glass</b>		
STREET ADDRESS	<b>1820 METCALF AVE.</b>			1.3 STREET ADDRESS	<b>561 Thornton Rd. Ste. E</b>		
CITY-ST-ZIP	<b>THOMASVILLE, GA</b>			1.4 CITY-ST-ZIP	<b>Lithia Springs, Ga 30122</b>		
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WHITE, DOYLE</b>			2.2 NAME			
STREET ADDRESS	<b>1820 METCALF AVE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>THOMASVILLE GA</b>			2.4 CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>P/C/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLASS, ROBERT J</b>			3.2 NAME	<b>Robert J. Glass</b>		
STREET ADDRESS	<b>415 EAST PACES FERRY ROAD</b>			3.3 STREET ADDRESS	<b>561 Thornton Rd. Ste. E</b>		
CITY-ST-ZIP	<b>ATLANTA GA</b>			3.4 CITY-ST-ZIP	<b>Lithia Springs, GA 30122</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input 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	<b>20000241673E</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	<b>-01/30/98--01008--013</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>***150.00</b>		
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.

SIGNATURE:

*Robert J. Glass*

Robert J. Glass

1/12/98

770-745-3030

CR2E034 (10/97)