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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

(5)

CORPORATED	
Mailing Address	I INDAMENTAL COME CONTROL BRINGS FOR
POST OFFICE BOX 2285 MACON GA 31203	DO NOT W
	Mailing Address POST OFFICE BOX 2285

FILED Apr 16 1998 8:00am Secretary of State

RITE IN THIS SPACE 3. Date Incorporated or Qualified 09/20/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 58-1181258 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** В3 City 84 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, typed or printed name of registured eyent and two if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE OSWALD, WALTER E. 1.2 NAME NAME 856 TUCKER RD. STREET ADDRESS 1.3 STREET ADDRESS MACON GA 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE OSWALD, KATHERINE A. NAME 2.2 NAME 856 TUCKER RD. STREET ADDRESS 2.3 STREET ADDRESS MACON GA CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE OSWALD, JOHN EDWARD NAME 3.2 NAME 337 ABBOTT PLACE STREET ADDRESS 3.3 STREET ADDRESS ST. SIMONS ISLAND GA CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME NORWOOD, W. ED 4. 2 NAME 780 CAPTAIN KELL DR. STREET ADDRESS 4.3 STREET ADDRESS MACON GA CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE CAIN, W. JIMMY NAME 5.2 NAME 3085 RIVER RIDGE DR STREET ADDRESS 5.3 STREET ADDRESS MACON GA CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 changes, or or management with an address.