

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90088 047 ***150.00

DOCUMENT # P37835

1. Corporation Name

FORTUNE - JOHNSON, INC.

Principal Place of Business

3908 FLOWERS RD
STE 610
ATLANTA GE 30360
US

Mailing Address

3908 FLOWERS RD
STE 610
ATLANTA GA 30360
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1992

4. FEI Number

58-1948797

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HALLDIN, KATHY
677 GREYWOOD DR.,
ALTAMONTE SPRINGS FL 32701

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME JOHNSON, H. LEE
STREET ADDRESS 1750 PROVIDENCE FARM LANE
CITY-ST-ZIP ALPHARETTA GA ☐ DELETE

TITLE VCV
NAME FORTUNE, J. BRETT
STREET ADDRESS 9530 RED BIRD LA.
CITY-ST-ZIP ALPHARETTA GA ☐ DELETE

TITLE D
NAME BENNETT, LARRY
STREET ADDRESS 2889 BAKERS FARM
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE TS
NAME FORTUNE, J. BRETT
STREET ADDRESS 9530 RED BIRD LA.
CITY-ST-ZIP ALPHARETTA GA ☐ DELETE

TITLE T
NAME CRAIG, KAREN
STREET ADDRESS 2687 BENNINGTON DR
CITY-ST-ZIP MARETTA GA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered

SIGNATURE:

J. Brett Fortune

J. BRETT FORTUNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/99

Daytime Phone #

CR2E034 (1/198)