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

**PROFIT** 

Apr 13 1998 8:00am CORPORATION Sandra B. Mortham . Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000074140 (9) DOCUMENT # CARROLL FULMER GROUP, INC. Principal Place of Business Mailing Address 8340 AMERICAN WAY 8340 AMERICAN WAY **GROVELAND FL 36736 GROVELAND FL 36736** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/26/1997</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 R3 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DLLETE Change Addition 1.1 THEF TITLE BELYEW, PHILIP A NAME 1.2 NAME 3350 CUMBERLAND CIRCLE, STE 1900 STREET ADDRESS 1.3 STREET ADDRESS ATLANTA GA 30339 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2 1 TITLE **NELLUMS, WAYNE N** NAME 2.2 NAME 3350 CUMBERLAND CIRCLE, STE 1900 STREET ADDRESS 2.3 STREET ADDRESS ATLANTA GA 30339 CITY-ST-ZIP 2 4 CHY-S1-7IP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-S1-ZIP CITY-SY-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIF DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 7IP 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 althorism with an artificial.

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FLORIDA DEPARTMENT OF STATE

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