

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000104880**

1. Corporation Name

**MODIS OF GEORGIA, INC.**

Principal Place of Business

**ONE INDEPENDENT DRIVE  
JACKSONVILLE FL 32202**

Mailing Address

**177 CROSSWAYS PARK DR.  
WOODBURY NY 11797**

99 AUG 13 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1997**

4. FEI Number

**59-3482812**

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

**900002963849--2**

84 City

**-08/19/99--01018--010**

**\*\*\*\*150-00\*\*\*\*150.00**

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)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEWAN, DEREK E	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABNEY, MICHAEL D	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYO, MARC M	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CALABRO, ROBERT	
STREET ADDRESS	177 CROSSWAY PARK DR.	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-99 904-360-2704

CR2E034 (5/99)

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**Directors and Officers of Modis of Georgia, Inc.**

**Officers:**

Chief Executive Officer/Chairman Derek E. Dewan	1 Independent Dr. Jacksonville, FL 32202
President Timothy D. Payne	1 Independent Dr. Jacksonville, FL 32202
Sr. Vice President/Treasurer Michael D. Abney	1 Independent Dr. Jacksonville, FL 32202
Secretary Marc M. Mayo	1 Independent Dr. Jacksonville, FL 32202
Tax Director Gerald Robinson	1 Independent Dr. Jacksonville, FL 32202

**Directors:**

Derek E. Dewan	1 Independent Dr. Jacksonville, FL 32202
Michael D. Abney	1 Independent Dr. Jacksonville, FL 32202
Marc M. Mayo	1 Independent Dr. Jacksonville, FL 32202



One Independent Drive • Jacksonville, Florida 32202-5060  
Telephone: 904-360-2000 • Facsimile: 904-360-2814  
www.modispro.com

July 21, 1999

Re: Profit Corporation Annual Report -Modis of Georgia, Inc.

Florida Department of State  
Katherine Harris - Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty prescribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to my attention at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty for Modis of Georgia, Inc.

Sincerely,

  
Gerald Robinson  
Tax Director