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Secretary of State

02-27-1999 90016 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000017487

1. Corporation Name

AMERIDUCT OF GEORGIA, INC.

Principal Place of Business

13160 RICKENBACKER PARKWAY
FT MYERS FL 33913

Mailing Address

13160 RICKENBACKER PARKWAY
FT MYERS FL 33913

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1998	
21	_____ Suite, Apt. #, etc. _____	26	_____ Suite, Apt. #, etc. _____	4. FEI Number 65-0818386	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip _____ Country _____	28	Zip _____ Country _____	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip _____ Country _____	29	Zip _____ Country _____	8. This corporation owes the current year, Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81	Name	CARL JUNGERS
82	Street Address (P.O. Box Number is Not Acceptable)	9315 WINDLAKE DRIVE
83		
84	City	Fort Myers
85	Zip Code	33912

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)

1-26-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VICE PRESIDENT
NAME	JUNGERS, DANIEL	1.2 NAME	DAN JUNGERS
STREET ADDRESS	13160 RICKENBACKER PARKWAY	1.3 STREET ADDRESS	13160 RICKENBACKER PARKWAY
CITY-ST-ZIP	FT MYERS FL 33913	1.4 CITY-ST-ZIP	Fort Myers, FL 33913
TITLE	VD	2.1 TITLE	
NAME	JUNGERS, DAVID	2.2 NAME	
STREET ADDRESS	13160 RICKENBACKER PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33913	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	JUNGERS, CARL JR.	3.2 NAME	
STREET ADDRESS	13160 RICKENBACKER PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33913	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BEDNAREK, DAVID	4.2 NAME	
STREET ADDRESS	13160 RICKENBACKER PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33913	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	CARL JUNGERS - PRESIDENT
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	13160 RICKENBACKER PARKWAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Myers, FL 33913
TITLE		6.1 TITLE	VP
NAME		6.2 NAME	PHIL JAMISON
STREET ADDRESS		6.3 STREET ADDRESS	13160 RICKENBACKER PARKWAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Myers, FL 33913

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

941-768-3300

Daytime Phone #

CR2E034 (1/98)