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→ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000021681**

Corporation Name
 BRISBEN GEORGIA, INC.

	aconan, mo							
Principal Place of Business Mailing Address 7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD CINCINNATI OH 45249 CINCINNATI OH 45249								
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 03/06/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apı	olied For
21		26				31-1597477		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27					Fee Re	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	ntry		8. This corporation owes the current year Intangible Personal Property Tax Property Tax No			
24	25 29 30					Torsolici Topolity Tax.		
	9. Name and Address of Current	Registered Agent		81 Nar		10. Name and Address of New Registered	Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525						ss (P.O. Box Number is Not Acceptable)		
IALL	AMASSEE FL 32301-2525			83				
	•		ļ	84 City		FL	85 Zip C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familia with, and accept the obligati	of Florida. Such change was autr	horized	by the co	ed corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoin	changing its ntment as re	registered gistered
SIGNATURE	.*.					;· `_		1
	<u> </u>					* ***		
	Signature, typed or printed name of registered agent			Agent signat	ure required o	when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13.		ure required	when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	Signature, typed or printed name of registered agent OFFICERS ANI		13.	LE	ure required (arcar carbalang)	D DIRECTO	RS IN 12
TITLE NAME	Signature typed or printed name of registered agent OFFICERS AND PD BRISBEN, WILLIAM O	D DIRECTORS	13. 1.1 TITI 1.2 NA	LE ME		arcar carbalang)		
TITLE. NAME STREET ADDRESS	Signeture typed or printed name of registered agent OFFICERS ANI PD BRISBEN, WILLIAM O 7800 EAST KEMPER ROAD	D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STE	LE ME REET ADDRI		arcar carbalang)		
NAME STREET ADDRESS CITY-ST-ZIP	Signatural typed or printed name of registered agent OFFICERS ANI PD BRISBEN, WILLIAM O 7800 EAST KEMPER ROAD CINCINNATI OH 45249	D DIRECTORS	13. 1.1 TITL 1.2 NAV 1.3 STF 1.4 CST	LE ME REET ADDRI Y-ST-ZIP		arcar carbalang)	☐ Change	Addition
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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 on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

4.4 CITY+ST-ZIP

5 t TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ DELETÉ

DELETE

4/28/99

Daytime Phone #

☐ Change

Change

☐ Addition

Addition

May 03, 1999 8:00 am Secretary of State

05-03-1999 90100 010 ***150.00