

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90189 010 \*\*\*150.00

PROFIT <b>CORPORATION          ANNUAL REPORT          1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P98000025123

1. Corporation Name  
C.G. INGLE CORPORATION

Principal Place of Business 19045 TALQUIN DRIVE TALLAHASSEE FL 32310	Mailing Address 19045 TALQUIN DRIVE TALLAHASSEE FL 32310
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1998	
21	22	26	27	4. FEI Number 59-35005-32	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  INGLE, CARROLL G 19045 TALQUIN DRIVE TALLAHASSEE FL 32310				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	Carroll G. Ingle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	19045 Talquin Dr. Tallahassee, Fla. 32310
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V.P.
NAME		2.2 NAME	Barry K. Ingle
STREET ADDRESS		2.3 STREET ADDRESS	19045 Talquin Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, Fla. 32310
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Sec. + Treasury
NAME		3.2 NAME	Phyllis K. Ingle
STREET ADDRESS		3.3 STREET ADDRESS	19045 Talquin Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, Fla. 32310
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: Carroll G. Ingle **FILED** 3-6-99 Date 850-575-4481 Daytime Phone #

CR2E034 (11/98)