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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherina Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

1999 **DOOUMENT#** 

FILED 99 SEP 28 AM 9: 40 SICRETARY OF STATE TALLAMASSEE, FLORIDA

M/R Systems, Inc.				Į.	
Principal Plac	ce of Business	Mailing Address			
One Meca Way SAME				REINSTATEME	NTACE 8-99 (10
Norer	oss, GA 30093			3. Date Incorporated or Qualifed	-
2 Principal F	Place of Business	2a. Mailing Address		6/29/92 4. FEI Number	Applied For
21 One Meca Way 26 One meca W			Wav	59-3152575	Not Applicable
Suite, Apt		Suite, Apt. #, etc.	11 <b>2</b>	5. Certificate of Status Desired	\$8.75 Additional
[22] City & Stat		City & State	<del></del>		Fee Required
1 1			. Georgia	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 3009		29 30093	30 USA	Personal Property Tax.	¥ Yes □No
-	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
Thomas W HonVine /Tr				Robley S. Puller, P.E.	
D. 9	. Box 264	-	82 Street Ad	dress (P.O. Box Number is Not Acceptable)  O NW 51st Terrace	
L/(1)	burn, Georgia /30	048	83	O MM SIBE TELLACE	<del></del>
/			84 City		les l Zin Codo
	,		1 1 - 1	Gaineswille , F	EL   32605
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	tutes, the above-name so	poration aromits his statement for the purpose tion board of decrease thereby recept the ap	of changing its registered
agent la	on familiar with, and accept the obligation	ons of, Section 607.0505, F	Iorida Statutes	0. 1. 7. 00	0/22/00
SIGNATURE	Robley S. Pulle Signature, typed or printed name of registered agent	r	TE Registered Admit storieture requi	Port and Printer Printer Park	9/22/99
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TOLE	President	☐ DELETE	1.1 TITLE		AND DIRECTORS IN 12  Change Addition
NAME	Wesley M. Wood,	Jr	1.2 NAME		े ह
STREET ADORESS	520 Shore Drive	-	1.3 STREET ADDRESS		) <u>`</u>
Cuty-St-ZiP	Suwanee, GA 30	024	1.4 CITY-ST-ZIP		
TITLE	1st Vice-Preside	[ [ [ [ ] + ] + ] +	21 TITLE	2000ල්වූම්ල්ර්	
NAMS	Douglas M. Reel		22 NAME	~10/05/99~	-01115022
STREET ADJUKESS CITY-ST ZIP	280 Connemara D	rive	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1.8UC#####	'5 ****908.7S
THE	Marietta, GA	- DECE IE	3.1 TITLE		Change Addition
NAME	2nd Vice-Preside		3.2 NAME		
STREET ADORESS	Robley S. Pulle:		33 STREET ADDRESS		
CHY-\$*-20*	2130 NW 51st Te		34. CITY-ST-ZIP		
TOLF	Gainesville, FL		4.1 TITLE		Change Addition
NAME	Secretary & Trea		4. 2 NAME		
STREET ADDRESS	Thomas H. Hopkin	ום, חו	4.3 STREET ADORESS		
OTY-S1-Z#P		048 [] DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		O-40 CIPECIE	52 NAME		Thereside Thereside
STREET ADORESS			5.3 STREET ADDRESS		
Cily-SI-Z#			5.4 CITY-ST-ZIP		
TIFLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREE LACKRESS			6.3 STREET ADDRESS		V#
	1		B		

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 suppliemental 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

BIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DARRECTOR

Date

Designe Phone 8