


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

05-4825

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90112 034 ***150.00

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

DOCUMENT # 807906

1. Corporation Name
MARABLE-PIRKLE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2515 FAIRBURN RD SW P O BOX 310023 ATLANTA GA 30331	Mailing Address 2515 FAIRBURN RD SW P O BOX 310023 ATLANTA GA 30331
--	--

3. Date Incorporated or Qualified 05/23/1949	4. FEI Number 58-0544119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

9. Name and Address of Current Registered Agent

BEARRINGER, FARRELL
1701 WEST GARDEN STREET
PENSACOLA FL 32593

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAAS, L W	1.2 NAME	
STREET ADDRESS	445 MONTEVALLO DR, NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRKLE, G S	2.2 NAME	
STREET ADDRESS	1840 LINWOOD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	E POINT, GA 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRKLE, R E	3.2 NAME	
STREET ADDRESS	140 MONTICELLO WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRBURN, GA 00000	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, DAN R.	4.2 NAME	
STREET ADDRESS	130 DOVER CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE GA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRKLE, MICHAEL R.	5.2 NAME	
STREET ADDRESS	145 MONTICELLO WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRBURN GA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: Dan R. Dudley **Dan R. Dudley** 3/16/99 404-344-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)