## **FILE NOW: FILING FEE IS \$61.25**

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

## MADISON INDUSTRIES OF GEORGIA, INC.

FILED

98 FEB -9 AM 8: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plan	o of Business			Apiling Address			<u>-</u>	
Principal Place of Business Mailing Address								
1035 IRIS DRIVI CONYERS GA				P.O. BOX 131 CONYERS GE 30207				3. Date Incorporated or Qualified
US US								10/08/1962
				•				4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Ac					Mress			58-0869622 Not Applicable
21				26				5. Certificate of Status Desired Section Secti
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State			City & State					
23			28	}, `				7. Is this nonprofit corporation a homeowners association?  Yes X No
Zip Countr		Country	Zip Country		i	8. This corporation owes or has paid the current year Intangible		
2425			29		30	30		Personal Property Tax due June 30. 🔲 Yes 💹 No
	9. Name	and Address of Curre	nt Regi	stered Agent		-	T	10. Name and Address of New Registered Agent
						81	Name	
CT CORPORATION SYSTEM						82	Street Addr	dress (P.O. Box Number in Nation Consider 1995)
1200 S. PINE ISLAND ROAD						83		<del>-02/10/8801030093</del>
PLANTATION FL 33324						L		****150.00 ****150.00
						84	City	FL 85 Zip Code
11. Pursuant	to the provisi	ons of Sections 617.05	02 and 6	317.1508, Florida Statu	tes, the	abov	e-named corp	poration submits this statement for the purpose of changing its registered
office or re agent. I as	egi <b>s</b> tered ag m <b>fa</b> miliar wit	ent, <b>or b</b> oth, in the State th, <b>and a</b> ccept the oblig	e of Flori ations c	ida. Such change was of, Section 617.0503, Fl	authoriz orida St	ed by atute:	y the corporati s.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE _								
	Signature, typed	or printed name of registered ag					nt signature requir	ired when reinslating) DATE
12.	<b>B</b> B	OFFICERS AN	ID DIRE	CTORS DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PD	LIM O		L. OCCERC	- 1	TITLE		Columbus Caracteristics
NAME FREY, JOHN S STREET ADDRESS 1900 E 64 ST				1.2 NAME 1.3 STREET ADDRESS			. ADDDCCC	
STREET ADDRESS								
CITY-ST-ZIP TITLE	LOS ANGELES CA TSD			DELETE 2.1 TO		CITY - 9 TITLE	01-711	Chance Addition
NAME	CRUNCLETON,BARBARA			_		NAME		
STREET ADDRESS				2.3 \$			ADDRESS	
CITY-ST-ZIP				2.40				
TITLE	VD VD			DELETE 3.11				☐ Change ☐ Addition
NAME	DAVIS. H MICHAEL			3.2 N		NAME	1	1
STREET ADDRESS				3.3 S		STREET	ADDRESS	
CITY-ST-ZIP	CONYERS GA			3.4. CITY			ST-ZIP	
TITLE				DELETE	4.1	TITLE		Change Addition
NAME					4. 2	NAME		
STREET ADDRESS					4.3	STREET	ADDRESS	
CITY-ST-ZIP					4.4	CITY-S	IT-ZIP	
TITLE				DELETE		TITLE	-	Change Addition
NAME						NAME		1 _ 1070
STREET ADDRESS							ADDRESS	10/78
CITY-ST-ZIP				No. cre	_	CITY - S	IT-ZIP	Change The Addition
TITLE				☐ DELETE		TITLE		Change The Addition
NAME						NAME	1000ccc	
STREET ADDRESS							ADDRESS	///
CITY-ST-7IP					■ 6.4	CITY - S	n-zir I	1/

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or, on an attachment with an address.