PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006259 1. Corporation Name

MCCALL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
207 W GORDON ST VALDOSTA GA 31601 US	P.O. BOX 5146 VALDOSTA GA 31603	

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90011 041 ***150.00



Principal Place	e of Business	-	Mailir	ng Address						*****			
207 W GORDON	N ST		P.O. B	OX 5146				Į					
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US										NOT WRIT	E IN ITH	S SPACE	
								3.	12/08/1994	or Qualifed			
2. Principal P	lace of Busine	ess	2a. M	lailing Address	•			4.	FEI Number				Applied For
21			26						<u>58-2075269</u>				Not Applicable
Suite, Apt.	#, etc.			uite, Apt. #, etc.				5.	Certifcate of Status	Desired			5 Additional Required
22			27										
City & Stat	te	,		ity & State`				6.	Election Campaign	-		•	00 May Be
23			28			untry			Trust Fund Contribu				30 to rees
Zip	Г	Country	Zi	þ		umuy		8.	This corporation ow Personal Property T		ent year ir	nangibie ∐Yes	□No
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	9. Name a	and Address of Currer	nt Kegister	еа Адепт		81	Name	10.	Name and Address	S OI INGW IX	egister ec	- Ageni	
HΔRI	DEE, CARY	ΔII				1	140,110			_			
	S.E. PINCKN					82	Street A	Address (P	P.O. Box Number is N	Not Accepta	ple)		
MAD	ISON FL 32	341				83							
						84	City	· -				85 Z	ip Code
							•				FI	<u> </u>	·
11. Pursuant	to the provision	ons of Sections 607.050	02 and 607.	1508, Florida Stati	utes, the a	bove	-named	corporation	n submits this statem	ent for the	purpose o	of changing	its registered
office of t	registered age im familiar witl	ent, or both, in the State h, and accept the obliga	e or Florida. ations of, Si	such change was ection 607.0505, F	lorida Sta	tutes.	ue corbo	nauon s oc	dard or directors. The	iterry accep	t are appe	MILLE GO	registered
•													
CICKIATUDE													
SIGNATURE	Signature, typed o	or printed name of registered age	ent and title if ap	plicable. (NO	TE: Registere	d Agent	signature re	n nertw beniupe			DATE		
SIGNATURE		y printed name of registered age OFFICERS AN		ORS	TE: Registere		signature re		einstating) ADDITIONS/CHANG	ES TO OFF			
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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 a state-open with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

R.R. McCau, Ir., President