Principal Place of Business Mailing Address			Secretary of State 01-16-2001 90087 016 ***150.00
6 REEDS BRIDGE RD GGOLD GA 30736	5776 REEDS BRIDGE RD RINGGOLD GA 30736		
Principal Place of Business	3. Mailing Address		— [] [] [] [] [] [] [] [] [] [
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	•	4. FEI Number 62-0984014 Applied For Not Applicable
Zip Country	Zip ,	Country	5. Certificate of Status Desired
6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		- Name -	
		Street Address	s (P.O. Box Number is Not Acceptable)
I DATIANOTTE OOGET		City	FL Zip Code
. The above named entity submits this statement for	the purpose of changing its	registered office or regis	
The above named entity submits this statement to	the purpose of changing its	registered effect or regis	and again, or other management of the control of th
IGNATURE	nd title if applicable. (NOTE	E: Registered Agent signature requi	red when reinstating) DATE
		!! FEE IS \$150.00	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20	01 Fee will be \$550.00 to Department of S	
1. OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NE PTD	☐ Delete	TITLE NAME	☐ Change ☐ Addition 00/01
ME WHITE, RALPH REET ADDRESS 5776 REEDS BRIDGE RD		STREET ADDRESS	34(1)
TY-ST-ZIP RINGGOLD GA 30736		CITY-ST-ZIP	
ILE VD	☐ Delete	TITLE NAME	☐ Change ☐ Addition
WHITE, RICHARD L REET ADDRESS 5776 REEDS BRIDGE RD		STREET ADDRESS	}
TY-ST-ZIP RINGGOLD GA 30736		CITY-ST-ZIP	
TLE SD WHITE, JOYCE T	☐ Delete	TITLE NAME	☐ Change ☐ Addition
REET ADDRESS 5776 REEDS BRIDGE RD		STREET ADDRESS	}
TY-ST-ZIP RINGGOLD GA 30736	·	CITY-ST-ZIP	
ILE AME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
REET ADDRESS		STREET ADDRESS	
TY-ST-ZIP		CITY-ST-ZIP	
rle Ame	☐ Delete	TITLE NAME	☐ Change ☐ Addition
REET ADDRESS		STREET ADDRESS	
IY-ST-ZIP		CITY-ST-ZIP	Change Addition
TLE NME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
REET ADDRESS		STREET ADDRESS	Į
TY-ST-ZIP	· All of other lands	CITY-ST-ZIP	
indicated on this report or supplemental report is	true and accurate and that n	nv signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director
of the corporation or the receiver or trustee empo- changed, or on an attachment with an address, w	wered to execute this report rith all other like empowered.	as required by Chapter 6	07, Florida Statutes; and that my name appears in Block 11 or Block 12 if
CNATURE DE R OR	4015 910	Rib. 1	LILITE VICE Pres 1/8/01 706 061-1042
SIGNATURE: Received 12.	WLLE V.P.		Section 119.07(3)(i), Florida Statutes. I further certify that the information le same legal effect as if made under oath; that I am an officer or director 107, Florida Statutes; and that my name appears in Block 11 or Block 12 if White Vieces 1/8/0/706 861-1983

DOCUMENT # F9700001497

1. Entity Name