

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005499 (5)
 1. Corporation Name
HAINES, GIPSON & ASSOCIATES, INC.

Principal Place of Business 568-C LA DONNA DRIVE DECATUR GA 30032	Mailing Address 568-C LA DONNA DRIVE DECATUR GA 30032
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4500 Hugh Howell Road Suite, Apt. #, etc. 22 Suite 500 City & State 23 Tucker, GA Zip 24 30084		2a. Mailing Address 26 4500 Hugh Howell Road Suite, Apt. #, etc. 27 Suite 500 City & State 28 Tucker, GA Zip 29 30084		3. Date Incorporated or Qualified 10/20/1997	
25 US		30 US		4. FEI Number 58-1109557 Applied For Not Applicable	
25 US		30 US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 US		30 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 US		30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD HAINES, THOMAS G 568-C LA DONNA DRIVE DECATUR GA	1.1 TITLE	PTCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, THOMAS G	1.2 NAME	Haines, Thomas G.
STREET ADDRESS	568-C LA DONNA DRIVE	1.3 STREET ADDRESS	4500 Hugh Howell Road, Suite 500
CITY-ST-ZIP	DECATUR GA	1.4 CITY-ST-ZIP	Tucker, GA 30084
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIPSON, RANDALL	2.2 NAME	Gipson, Randall W
STREET ADDRESS	568-C LA DONNA DRIVE	2.3 STREET ADDRESS	4500 Hugh Howell Road, Suite 500
CITY-ST-ZIP	DECATUR GA	2.4 CITY-ST-ZIP	Tucker, GA 30084
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, R C	3.2 NAME	Lewis, R. Clay
STREET ADDRESS	568-C LA DONNA DRIVE	3.3 STREET ADDRESS	4500 Hugh Howell Road, Suite 500
CITY-ST-ZIP	DECATUR GA	3.4 CITY-ST-ZIP	Tucker, GA 30084
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DANIEL D	4.2 NAME	Campbell, Daniel D
STREET ADDRESS	568-C LA DONNA DRIVE	4.3 STREET ADDRESS	4500 Hugh Howell Road, Suite 500
CITY-ST-ZIP	DECATUR GA	4.4 CITY-ST-ZIP	Tucker, GA 30084
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, KRIS M	5.2 NAME	Campbell, Kris M.
STREET ADDRESS	568-C LA DONNA DRIVE	5.3 STREET ADDRESS	4500 Hugh Howell Road, Suite 500
CITY-ST-ZIP	DECATUR GA	5.4 CITY-ST-ZIP	Tucker, GA 30084
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, JEFFREY B	6.2 NAME	Strickland, Jeffrey B.
STREET ADDRESS	568-C LA DONNA DRIVE	6.3 STREET ADDRESS	4500 Hugh Howell Road, Suite 500
CITY-ST-ZIP	DECATUR GA	6.4 CITY-ST-ZIP	Tucker, GA 30084

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.

SIGNATURE *Thomas G. Haines* Thomas G. Haines 3/17/98 (770) 491-7550

CR2E034 (10/97)