

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

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90026 039 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000005499**

1. Corporation Name  
**HAINES, GIPSON & ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4500 HUGH HOWELL ROAD  
 SUITE 500  
 TUCKER GA 30084  
 US**

Mailing Address  
**4500 HUGH HOWELL ROAD  
 SUITE 500  
 TUCKER GA 30084  
 US**

3. Date Incorporated or Qualified  
**10/20/1997**

4. FEI Number  
**58-1109557**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 23 City & State  
 24 Zip 25 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27  
 28 City & State  
 29 Zip 30 Country

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

TITLE	PTCD	<input type="checkbox"/> DELETE
NAME	HAINES, THOMAS G	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GIPSON, RANDALL W	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEWIS, R CLAY	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DANIEL D	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMPBELL, KRIS M	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STRICKLAND, JEFFREY B	
STREET ADDRESS	4500 HUGH HOWELL ROAD, SUITE 500	
CITY-ST-ZIP	TUCKER GA 30084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Thomas G. Haines **SIGNATURE REQUIRED** 4/6/99 (770)491-7550  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas G. Haines, President Date: Daytime Phone #

CR2E034 (1/98)