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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23229

1. Corporation Name

BAINBRIDGE CMA, INC.

<u> </u>									
Principal Place	of Business	Mailing Address					I (BEIGRE (1)) (SEE (1) IS (1) (1) (SEE) (SEE)	4 81811 61611 51511	416 11 4 1211 144 1
210 AIRPORT R BAINBRIDGE GA US		P. O. BOX 856 BAINBRIDGE GA 31717 US					DO NOT WRITE IN TH	IIS SPACE	
							03/02/1989		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number	A A	pplied For
21		26				58-1391423		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional	
22		27						Required	
City & State	9	City & State				6. Election Campaign Financing		May Be	
23		28					Trust Fund Contribution		to rees
Zip	Country	Zip	30	ountry			 This corporation owes the current year Personal Property Tax. 	Intangible Yes	□No
24	9. Name and Address of Curre	at Registered Agent	30	<u> </u>			10. Name and Address of New Register		
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. (10		
СТ С	ORPORATION SYSTEM			<u> </u>					
	S. PINE ISLAND ROAD			82	Street A	Addre	ss (P.O. Box Number is Not Acceptable)	•	
PLAN	ITATION FL 33324			83					
			•						0-4-
				84	City		F	EL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the	above	e-named	corpo	ration submits this statement for the nurnose	of changing it	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig-	e of Florida. Such change was	autnona	zea ov	tne corpo	oration	n's board of directors. I hereby accept the ap	pointment as r	egistered
]	m ramiliar with, and accept the oblig-	ations of, Section 007.0000, 1	iorida o	latuics	•		•		i
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registe	red Agen	1 signature re	quired	when reinstating) DATE		
12.		ND DIRECTORS	1	3.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1	TITLE				☐ Change	e Addition
NAME	LEE, STEVEN M.		1.3	NAME					
STREET ADDRESS	2512 LAKE DOUGLAS RD		1.3	STREET	ADDRESS				
CITY-ST-ZIP	BAINBRIDGE GA			1.4 CITY-ST-ZIP					- Addition
TITLE		L] DELETE	☐ DELETE 2.1		2.1 TITLE			Change	e Addition
NAME				2 NAME					
STREET ADDRESS			2.	3 STREET	ADDRESS				
CITY-ST-ZIP			_	4 CITY-S	IT-ZIP			- [] Change	Addition
TITLE		☐ DELETÉ		1 TITLE				- Criange	
NAME				2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		4. CITY-S	iT-ZIP			Change	Addition
TITLE				1 TITLE					
NAME				2 NAME	. *DODEEC				ŗ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		4 CITY-S 1 TITLE	1-ZIP			Change	∋
TITLE		المادين المادين		2 NAME				_ ,	_
NAME STREET ADDRESS			1		T ADDRESS				
1	ľ	\sim		4 CITY-S					
CITY-ST-ZIP TITLE		DELETE		1 TITLE				☐ Change	Addition
NAME	·		6.	2 NAME				· -	
CTREET ADDRESS			6.	3 STREE	TADDRESS				

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 eceiver 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 attachment with an address, with all other like empowered.

SIGNATURE: Steven M.

STREET ADDRESS CITY-ST-ZIP

even M. Lee, P.E., President