

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortram  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -7 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **552326** (1)

1. Corporation Name  
**AMERIFIRST DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
**245 PEACHTREE CENTER AVE. SUITE 1100 ATLANTA GA 30303 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/01/1977** 3a. Date of Last Report **03/23/1994**  
4. FEI Number **59-1795016** Applied For Not Applicable  
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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEMS  
1200 SO. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **700001452087  
-04/10/95--01046--011**  
84 City **\*\*\*208.75 FL \*\*\*208.75**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMARTT, ROBERT L
STREET ADDRESS	245 PEACHTREE CENTER AVE, STE 1100
CITY - ST - ZIP	ATLANTA GA 30303
TITLE	DST
NAME	STRICKLAND, EDD
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100
CITY - ST - ZIP	ATLANTA GA 30303
TITLE	DV
NAME	CORRIGAN, RICHARD
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100
CITY - ST - ZIP	ATLANTA GA 30303
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Corrigan	
1.3 STREET ADDRESS	245 Peachtree Center Ave, Ste. 1100	
1.4 CITY - ST - ZIP	Atlanta, GA 30303	
2.1 TITLE	DIST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	J. Michael Burganier	
2.3 STREET ADDRESS	245 Peachtree Center Ave, Ste. 1100	
2.4 CITY - ST - ZIP	Atlanta, GA, 30303	
3.1 TITLE	DVP/IAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lamar V. Hallman	
3.3 STREET ADDRESS	245 Peachtree Center Ave, Ste. 1100	
3.4 CITY - ST - ZIP	Atlanta, GA 30303	
4.1 TITLE	VPIAS (officer only)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Deborah V. Chandler	
4.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
4.4 CITY - ST - ZIP	Atlanta, GA, 30303	
5.1 TITLE	VPIAS (officer only)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Frank O. Black	
5.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
5.4 CITY - ST - ZIP	Atlanta, GA, 30303	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a 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: *[Signature]* 4/4/95 404-230-6389  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR: Richard Corrigan, President