FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:16

DOCUMENT # **849964** **(2)**

1. Corporation Name
WILLINS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
780 JOHNSON FERRY ROAD, SUITE 300 ATLANTA GA 30342	780 JOHNSON FERRY ROAD, SUITE 300 ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1981
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21 780 Johnson Ferry Road	26 780 Johnson Ferry Road
Suite, Apt. #, etc. 22 Suite 250	Suite, Apt. #, etc. 27 Suite 250
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip: 24 30342 Country: 25 USA	Zip: 29 30342 Country: 30 USA

4. FEI Number: 58-1437765 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D Address ☒ Change ☐ Addition
NAME	GRAHAM, CHARLES D.	12 NAME	Charles D. Graham
STREET ADDRESS	780 JOHNSON FERRY RD.	13 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY ST ZIP	ATLANTA, GA 0	14 CITY ST ZIP	Atlanta, GA 30342
TITLE	T	21 TITLE	V ☒ Change ☐ Addition
NAME	ALLEN, BONA K.	22 NAME	Susan J. Marsh
STREET ADDRESS	780 JOHNSON FERRY RD.	23 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY ST ZIP	ATLANTA, GA 0	24 CITY ST ZIP	Atlanta, GA 30342
TITLE	V	31 TITLE	V Address ☒ Change ☐ Addition
NAME	BEAVERS, BOB	32 NAME	Bobby L. Beavers
STREET ADDRESS	780 JOHNSON FERRY RD.	33 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY ST ZIP	ATLANTA, GA 0	34 CITY ST ZIP	Atlanta, GA 30342
TITLE	S	41 TITLE	S Address ☒ Change ☐ Addition
NAME	LEONARD, MARY, ELLEN	42 NAME	Mary Ellen Leonard
STREET ADDRESS	780 JOHNSON FERRY RD.	43 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	Atlanta, GA 30342
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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: Mary Ellen Leonard Mary Ellen Leonard 3-28-95 404-252-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000847 CP