

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR -7 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F02576 (9)**  
1. Corporation Name  
**SAVILL/SANDERLIN HOLDING COMPANY, INC.**

Principal Place of Business Mailing Address  
**4200 W CYPRESS STREET  
P.O. BOX 20587  
TAMPA FL 33622** **245 PEACHTREE CENTER AVE.  
SUITE 1100  
ATLANTA GA 30303  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/10/1980** 3a. Date of Last Report **03/29/1994**  
4. FEI Number **59-2030433** 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 **245 Peachtree Center Ave** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Ste. 1100** 27  
City & State City & State  
23 **Atlanta GA** 28  
Zip Country Zip Country  
24 **30303** 25 **USA** 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH 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 **700001452077**  
84 City **04/18/95 - 01045 2087  
\*\*\*\*208.7FL\*\*\*\*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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restoring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>DP SMARTT, ROBERT L. 245 PEACHTREE CENTER AVE., SUITE 1100 ATLANTA GA</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>DIP C. Lloyd Hixson 245 Peachtree Center Ave. Ste 1100 Atlanta, GA. 30303</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>DVP STRICKLAND, EDD 245 PEACHTREE CENTER AVE, SUITE 1100 ATLANTA GA</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>DIVPIAS J. Michael Barganier 245 Peachtree Center Ave. Ste. 1100 Atlanta, GA. 30303</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>DIST Richard Compton 245 Peachtree Center Ave. Ste. 1100 Atlanta, GA. 30303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>DIVPIAS Lamar V. Hallman 245 Peachtree Center Ave. Ste. 1100 Atlanta, GA. 30303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>VPIAS (officer only) Deborah Y. Chandler 245 Peachtree Center Ave. Ste. 1100 Atlanta, GA. 30303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>4-7-95 Mst</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 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: \_\_\_\_\_  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**C. Lloyd Hixson, President** **4-7-95 (404) 230-4322**