

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 MAY -1 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02576 (9)**

1. Corporation Name  
**SAVILL/SANDERLIN HOLDING COMPANY, INC.**



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

3. Date Incorporated or Qualified: **10/10/1980**  
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business: **21 FDIC-100 Colony Sq. Suite, Apt. #, etc. Box 68 - Ste. 2300 Atlanta, GA 30361**  
2a. Mailing Address: **26 FDIC-100 Colony Sq. Suite, Apt. #, etc. Box 68 - Ste. 2300 Atlanta, GA 30361**

4. FEI Number: **59-2030433**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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: **CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of New Registered Agent: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL [Blank]**

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, Florida Statutes, the above named corporation submits this statement to the office of the Secretary of State 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 607.0502, Florida Statutes.  
SIGNATURE: **Patricia J. Ray** (NOTE: Registered Agent signature required when non-stating) DATE: **05/01/96--01090--003 \*\*\*\*208.75 \*\*\*\*208.75**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HIXON, C. LLOYD	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	BARGANIER, J. MICHAEL	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	CORRIGAN, RICHARD	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	HALLMAN, LARMAR V	
STREET ADDRESS	245 PEACHTREE CENTER AVE. SUITE 1100	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	CHANDLER, DEBORAH	
STREET ADDRESS	245 PEACHTREE CENTER AVE. SUITE 1100	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott W. Chandler	
1.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
1.4 CITY-ST-ZIP	Atlanta, GA 30361	
2.1 TITLE	D/VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patricia J. Ray	
2.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
2.4 CITY-ST-ZIP	Atlanta, GA. 30361	
3.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles P. Farrell, Jr.	
3.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
3.4 CITY-ST-ZIP	Atlanta, GA 30361	
4.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John P. Rossetti	
4.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
4.4 CITY-ST-ZIP	Atlanta, GA. 30361	
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 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: **Patricia J. Ray - Vice President/Assistant Secretary**  
DATE: **4/29/96 (404) 870 7048**

CR2E034 (12/95)