

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

APPROVED
AND
FILED

95 APR 17 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53091

(0)

1. Corporation Name

17-92 INVESTMENT, INC.

Principal Place of Business

245 PEACHTREE CENTER AVE.
SUITE 1100
ATLANTA GA 30303
US

Mailing Address

245 PEACHTREE CENTER AVE.
SUITE 1100
ATLANTA GA 30303
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/22/1988

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2949203

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 § 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

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SMARTT, ROBERT L
STREET ADDRESS 245 PEACHTREE CENTER AVE, SUITE 1100
CITY-ST-ZIP ATLANTA GA

TITLE DVP
NAME CORRIGAN, RICHARD
STREET ADDRESS 245 PEACHTREE CENTER AVE., STE 1100
CITY-ST-ZIP ATLANTA GA

TITLE DST
NAME STRICKLAND, EDD M
STREET ADDRESS 245 PEACHTREE CENTER AVE, STE 1100
CITY-ST-ZIP ATLANTA GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DVP
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 DVP
2.2 NAME J. Michael Burgallier
2.3 STREET ADDRESS 245 Peachtree Center Ave, Ste. 1100
2.4 CITY-ST-ZIP Atlanta, GA 30303

3.1 TITLE DST
3.2 NAME Deborah V. Chandler
3.3 STREET ADDRESS 245 Peachtree Center Ave, Ste. 1100
3.4 CITY-ST-ZIP Atlanta, GA 30303

4.1 TITLE VP/AS (officer only)
4.2 NAME Faye D. Haack
4.3 STREET ADDRESS 245 Peachtree Center Ave, Ste. 1100
4.4 CITY-ST-ZIP Atlanta, GA 30303

5.1 TITLE VP/AS (officer only)
5.2 NAME Sandra L. Mithon
5.3 STREET ADDRESS 245 Peachtree Center Ave, Ste. 1100
5.4 CITY-ST-ZIP Atlanta, GA 30303

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 resigned, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Corrigan, President

4/17/95

984-2306389