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 19 PM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13064** **(1)**

1. Corporation Name
CURTIS 1000 INC.

Principal Place of Business	Mailing Address
2100 RIVEREDGE PKWY., S-1100 ATLANTA GA 30328	2100 RIVEREDGE PKWY., S-1100 ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/30/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 41-0210040	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BARENTINE, W., S.	1.2 NAME	Baker, R. G.	
STREET ADDRESS	4189 POPULAR HOLLOW CT	1.3 STREET ADDRESS	9010 Lake Union Hill Way	
CITY-ST-ZIP	ROSWELL GA	1.4 CITY-ST-ZIP	Alpharetta, GA 30201	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CARMODY, T.R.	2.2 NAME		
STREET ADDRESS	3355 E. TERELL BRANCH CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNEY, JOHN, B	3.2 NAME		
STREET ADDRESS	2106 BLAYLOCK DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, DAWN M.	4.2 NAME		
STREET ADDRESS	395 BRINKLEY DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	POWDER SPRINGS GA	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	TALLEY, BOB E.	5.2 NAME		
STREET ADDRESS	3208 MEADOW LARK DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DOWNER, W. C.	6.2 NAME		
STREET ADDRESS	1223 WIND HILL LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA	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)(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: Dawn M. Gray 4/13/95 404-953-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dawn M. Gray - Secretary

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