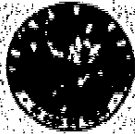


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Morfitt
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

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BARENTINE, W., S.**
STREET ADDRESS **4189 POPULAR HOLLOW CT**
CITY-ST-ZIP **ROSWELL GA**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Baker, R. G.**
1.3 STREET ADDRESS **9010 Lake Union Hill Way**
1.4 CITY-ST-ZIP **Alpharetta, GA 30201**

TITLE **D**
NAME **CARMODY, T.R.**
STREET ADDRESS **3355 E. TERELL BRANCH CT**
CITY-ST-ZIP **MARIETTA GA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V**
NAME **MCKINNEY, JOHN, B**
STREET ADDRESS **2108 BLAYLOCK DR**
CITY-ST-ZIP **MARIETTA GA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S**
NAME **GRAY, DAWN M.**
STREET ADDRESS **395 BRINKLEY DR.**
CITY-ST-ZIP **POWDER SPRINGS GA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T**
NAME **TALLEY, BOB E.**
STREET ADDRESS **3208 MEADOW LARK DRIVE**
CITY-ST-ZIP **DULUTH GA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **DOWNER, W. C.**
STREET ADDRESS **1223 WIND HILL LANE**
CITY-ST-ZIP **MARIETTA GA**

6.1 TITLE ☐ Change ☐ 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 110.07(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn M. Gray - Secretary

4/13/95

404-953-8300

Date

Daytime Phone #