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

DOCUMENT # 450563 (2)

1. Corporation Name
THE TRAILS, INC.

Principal Place of Business
245 PEACHTREE CENTER AVE
SUITE 1100
ATLANTA GE 30303
US

Mailing Address
245 PEACHTREE CENTER AVE
SUITE 1100
ATLANTA GE 30303
US

3. Date Incorporated or Qualified: 10/19/1974
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-1544913 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

2. Principal Place of Business
21 FDIC- 100 Colony Sq. Box 68
Suite, Apt. #, etc.
22 2300
City & State
23 Atlanta GA
Zip
24 30361
Country
25 USA

2a. Mailing Address
26 FDIC- 100 Colony Sq.
Suite, Apt. #, etc.
27 Box 68 Ste. 2300
City & State
28 Atlanta GA
Zip
29 30361
Country
30 USA

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
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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	CORRIGAN, RICHARD	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	
CITY-ST-ZIP	ATLANTA GE	
TITLE	STD	[X] DELETE
NAME	BARGANIER, J. MICHAEL	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVAS	☐ DELETE
NAME	HALLMAN, LARMAR	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPAS	☐ DELETE
NAME	HIXSON, C. LLOYD	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPAS	☐ DELETE
NAME	CHANDLER, DEBORAH Y	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	[X] Change [X] Addition
1.2 NAME	Patricia J. Ray	
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	[X] Change [X] Addition
2.2 NAME	Charles P. Farrell, Jr.	
2.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300	
2.4 CITY-ST-ZIP	Atlanta, GA. 30361	
3.1 TITLE	D/S/T	[X] Change [X] Addition
3.2 NAME	John P. Rossetti	
3.3 STREET ADDRESS	100 Colony Sq. BOx 68 Ste. 2300	
3.4 CITY-ST-ZIP	Atlanta, GA. 30361	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] 4/18/96 (404) 870-2058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia J. Ray - President

CR2E034 (12/95)