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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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	Mailing Address
100 COLONY SQ. BOX 68 SUITE 2300 ATLANTA GA 30361 US	100 COLONY SQ. BOX 68 SUITE 2300 ATLANTA GA 30361-6206 US

3. Date Incorporated or Qualified: **10/19/1974**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 FDIC-1201 W. Peachtree St.
Suite, Apt. #, etc.
22 Suite 1800
City & State
23 Atlanta, GA
Zip 24 30309 Country 25 U.S.

2a. Mailing Address
26 FDIC-1201 W. Peachtree St.
Suite, Apt. #, etc.
27 Suite 1800
City & State
28 Atlanta, GA
Zip 29 30309 Country 30 U.S.

4. FEI Number: **59-1544913** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	RAY, PATRICIA	1.2 NAME	
STREET ADDRESS	100 COLONY SQ. BOX 68	1.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	1.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DVPA ☐ DELETE	2.1 TITLE	DVAS ☒ Change ☐ Addition
NAME	FARRELL, CHARLES P JR	2.2 NAME	
STREET ADDRESS	100 COLONY SQ. BOX 68	2.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	2.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DVAS ☒ DELETE	3.1 TITLE	DST ☐ Change ☒ Addition
NAME	HALLMAN, LARMAR	3.2 NAME	Lawrence W. Lockwood
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	3.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	VPAS ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HIXSON, C. LLOYD	4.2 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	VPAS ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, DEBORAH Y	5.2 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	5.4 CITY-ST-ZIP	
TITLE	DST ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSSETTI, JOHN P	6.2 NAME	
STREET ADDRESS	100 COLONY SQ. BOX 68	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30361	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ 4/29/97 (404) 817-2567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia J. Kay, President

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