

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 501235 (6)
1. Corporation Name
WAKULLA MANOR, INC.

Principal Place of Business
HWY 319 AT MEDART
ATTENTION TAX 22
CRAWFORDVILLE FL 32326
US

Mailing Address
P O BOX 549
ATTENTION TAX 22
CRAWFORDVILLE FL 32326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1976	4. FEI Number 59-1674585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 6000 Lake Forrest Dr. Suite, Apt. #, etc. 22 # 315 City & State 23 Atlanta GA Zip 24 30328	2a. Mailing Address 26 6000 Lake Forrest Dr. Suite, Apt. #, etc. 27 Suite 315 City & State 28 Atlanta GA Zip 29 30328	Country 25 USA 30 USA
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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 85 Zip Code FL
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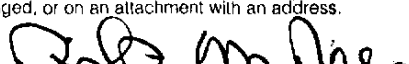
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD FRANKLIN, FREDDIE HWY 319 AT MEDART CRAWFORDVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP President/Director Chris Brogdon 6000 Lake Forrest Dr. #315 Atlanta GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP SF CUMMINGS, LAWRENCE 2 SOUTH ST, STE 380 PITTSFIELD MA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Treasurer/Director Darrell C. Tucker 6000 Lake Forrest Dr. #315 Atlanta GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MITCHELL, JOSEPH D 2851 REMINGTON GREEN CR STE D TALLAHASSEE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Secretary Philip M. Rees 6000 Lake Forrest Dr. #315 Atlanta GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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:



CR2E034 (10/97)