

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 534739

(8)

1. Corporation Name

MILLARD WAYNE, INC.

Principal Place of Business

8801 DUNWOODY PLACE, SUITE 700
ATLANTA GA 30350

Mailing Address

8801 DUNWOODY PLACE, SUITE 700
ATLANTA GA 30350

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/18/1977

3a. Date of Last Report

08/15/1994

4. FEI Number

59-1740696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 1140 HAMMOND DRIVE

26 1140 HAMMOND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BLDG. E, SUITE 5250

27 BLDG. E, SUITE 5250

City & State

City & State

23 ATLANTA, GA.

28 ATLANTA, GA.

Zip

Country

Zip

Country

24 30328

25 FULTON

29 30328

30 FULTON

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TILSON, THOMAS A.
50 N.W. 14TH STREET
HOMESTEAD FL 33030

81 Name

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

48 N.E. 15th STREET, SECOND FLOOR

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 reappointing)

DATE

4-14-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	GEORGE, LYNDIA H.
STREET ADDRESS	1020 THE 18TH FAIRWAY
CITY - ST - ZIP	DUNWOODY, GA 00000
TITLE	PD
NAME	GEORGE, M W
STREET ADDRESS	1020 THE 16TH FAIRWAY
CITY - ST - ZIP	DUNWOODY, GA 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. 1 TITLE	☐ Change ☐ Addition
1. 2 NAME	
1. 3 STREET ADDRESS	
1. 4 CITY - ST - ZIP	
2. 1 TITLE	☐ Change ☐ Addition
2. 2 NAME	
2. 3 STREET ADDRESS	
2. 4 CITY - ST - ZIP	
3. 1 TITLE	☐ Change ☐ Addition
3. 2 NAME	
3. 3 STREET ADDRESS	
3. 4 CITY - ST - ZIP	
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	☐ 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(2)(b), 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)

4/27/95 404-394-6467