

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 647868

(9)

1. Corporation Name

CAPITAL UNION CORPORATION

FILED

95 FEB -7 PM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 99 W PACES FERRY RD. NW SUITE 200 ATLANTA GA 30305		Mailing Address 99 W PACES FERRY RD. NW SUITE 200 ATLANTA GA 30305	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
22. City & State		28. City & State	
23. Zip		29. Zip	
24. Country		30. Country	
3. Date Incorporated or Qualified 12/11/1979		3a. Date of Last Report 04/22/1994	
4. FEI Number 59-1425332		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

**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. City	
84. State	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 re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	☐ Change ☐ Addition
NAME	COFER, CARL H.	1.2 NAME	
STREET ADDRESS	3819 TUXEDO ROAD, N.W.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BEAUCHAMP, ROBERT S.	2.2 NAME	
STREET ADDRESS	3596 TUXEDO PARK, N.W.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, JOAN F.	3.2 NAME	
STREET ADDRESS	99 W PACES FERRY RD, NW	3.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 119.07(3)(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 changing the name on an attachment with an address.

SIGNATURE:

Robert S. Beauchamp, President

01-30-95 (404) 233-2994

Date

Daytime (Area)