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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:16

DOCUMENT # **853149** **(3)**

1. Corporation Name
WILMA SOUTHEAST, INC.

Principal Place of Business	Mailing Address
780 JOHNSON FERRY ROAD. SUITE 300 ATLANTA GA 30342	780 JOHNSON FERRY ROAD. SUITE 300 ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1982	02/23/1994

2. Principal Place of Business	2a. Mailing Address
21 780 Johnson Ferry Road	26 780 Johnson Ferry Road
Suite, Apt. #, etc. 22 Suite 250	Suite, Apt. #, etc. 27 Suite 250
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip / Country 24 30342 / 25 USA	Zip / Country 29 30342 / 30 USA

4. FEI Number: 58-1385962 ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	GRAHAM, CHARLES D.	12 NAME	Charles D. Graham	ADDRESS
STREET ADDRESS	780 JOHNSTON FERRY RD 300	13 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY ST ZIP	ATLANTA, GA 0	14 CITY ST ZIP	Atlanta, GA 30342	
TITLE	T	21 TITLE	VP	☒ Change ☐ Addition
NAME	ALLEN, BONA K.	22 NAME	Terrence L. Hartigan	
STREET ADDRESS	780 JOHNSTON FERRY RD 300	23 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY ST ZIP	ATLANTA, GA 0	24 CITY ST ZIP	Atlanta, GA 30342	
TITLE	VP	31 TITLE	S	☒ Change ☐ Addition
NAME	HARTIGAN, TERRENCE L.	32 NAME	Mary Ellen Leonard	
STREET ADDRESS	780 JOHNSTON FERRY RD 300	33 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	Atlanta, GA 30342	
TITLE	S	41 TITLE	V	☐ Change ☒ Addition
NAME	LEONARD, MARY ELLEN	42 NAME	Susan J. Marsh	
STREET ADDRESS	780 JOHNSTON FERRY RD 300	43 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY ST ZIP	ATLANTA, GA 0	44 CITY ST ZIP	Atlanta, GA 30342	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 any attachment with an address.

SIGNATURE: Mary Ellen Leonard Mary Ellen Leonard 3-28-95 404-252-0070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0000930 CP