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CORPORATION
ANNUAL REPORT
1995



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

FILED

DOCUMENT # 853972

(8)

95 JAN 27 PM 3: 52

1. Corporation Name

GCHC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 GALLERIA PKY
STE 2000
ATLANTA GA 30339

Mailing Address

200 GALLERIA PKY
STE 2000
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/03/1982

3a. Date of Last Report

04/11/1994

4. FEI Number

58-1482544

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TV
NAME SORRENTINO, ROBERT T
STREET ADDRESS 200 GALLERIA PKWY #2000
CITY- ST- ZIP ATLANTA GA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VA
NAME KOEMAN, JAN
STREET ADDRESS 200 GALLERIA PKWY 2000
CITY- ST- ZIP ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE S
NAME BALL, C LOWELL
STREET ADDRESS 200 GALLERIA PKWY #2000
CITY- ST- ZIP ATLANTA GA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE PD
NAME BRANCH, BARRINGTON H
STREET ADDRESS 200 GALLERIA PKWY #2000
CITY- ST- ZIP ATLANTA GA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE D
NAME WIERINGA, GERARD
STREET ADDRESS 200 GALLERIA PKWY #2000
CITY- ST- ZIP ATLANTA GA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE A
NAME JOHNSTON, CRAIG W
STREET ADDRESS 200 GALLERIA PKWY #2000
CITY- ST- ZIP ATLANTA GA

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(3)(k), 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 resolver 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: C. Lowell Ball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95

(Date)

(404) 984-0800

Telephone #