

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90012 034 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856946

1. Corporation Name

SUNLINK CORPORATION

Principal Place of Business

1100 PEACHTREE ST., NE
SUITE 1100
ATLANTA GA 31309-4599
US

Mailing Address

1155 PEACHTREE ST., NE
SUITE 1800
ATLANTA GA 30309-3610
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1983

4. FEI Number

51-0270461

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 owes the current year Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GAITHER, THOMAS A.**
STREET ADDRESS **1100 PEACHTREE ST NE**
CITY-ST-ZIP **ATLANTA, GA 00000**

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

TITLE **S** ☐ DELETE
NAME **JOHNSON, FREDERICK W**
STREET ADDRESS **1155 PEACHTREE STREET N E, STE 1800**
CITY-ST-ZIP **ATLANTA GA**

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

TITLE **T** ☐ DELETE
NAME **WALTON, GARY L.**
STREET ADDRESS **1155 PEACHTREE ST NE**
CITY-ST-ZIP **ATLANTA, GA 00000**

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

TITLE **D** ☐ DELETE
NAME **LEMON, FRANK**
STREET ADDRESS **SUITE 410, 59 EXECUTIVE PARK SOUTH**
CITY-ST-ZIP **ATLANTA GA 30329**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **G. Frank Lemond**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HOLCOMB, BENJAMIN F**
STREET ADDRESS **1100 PEACHTREE ST., N E., STE 1000**
CITY-ST-ZIP **ATLANTA GA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **Director**
5.3 STREET ADDRESS **C. S. Boren**
5.4 CITY-ST-ZIP **1155 Peachtree Street, N.E.**

TITLE **D** ☒ DELETE
NAME **WOLF, MICHAEL L**
STREET ADDRESS **12E04 CAMPANILE, 1155 PEACHTREE ST., NE**
CITY-ST-ZIP **ATLANTA GA 31309-3610**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **Director**
6.3 STREET ADDRESS **Gary L. Walton**
6.4 CITY-ST-ZIP **1155 Peachtree Street, N.E.**

14. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

7/15/99

(404) 249-4450

Date

Daytime Phone #

CR2E034 (5/99)