

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

APPROVED
AND
FILED

95 MAR 10 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001428031
-03/13/95--01058--004
***208.75 ***208.75

DOCUMENT # F63855
1. Corporation Name

SUNDIAL DEVELOPMENT, INC.

Principal Place of Business Mailing Address
245 Peachtree Center Ave 245 Peachtree Ctr. Ave. N.E.
Marquis One Tower Marquis One Tower
Ste 1100 Ste 1100
Atlanta, GA 30303 Atlanta, GA 30303

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/20/1982	5/1/94
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2291217	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☒	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	☐
Country	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PRESIDENT, DIRECTOR ☐ Change ☒ Addition
NAME	Corrigan, Richard	1.2 NAME	C. LLOYD HIXSON
STREET ADDRESS	245 Peachtree Center Ave., #1100	1.3 STREET ADDRESS	245 Peachtree Ctr. Ave., N.E.
CITY-ST-ZIP	Atlanta, GA 30303	1.4 CITY-ST-ZIP	Ste. 1100, Atl, GA 30303
TITLE		2.1 TITLE	VP/ Asst. Secy, Director ☐ Change ☒ Addition
NAME		2.2 NAME	J. Michael Barganier
STREET ADDRESS		2.3 STREET ADDRESS	245 Peachtree Ctr. Ave., N.E.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ste 1100, Atl, GA 30303
TITLE		3.1 TITLE	VP/Asst. Secy, Director ☐ Change ☒ Addition
NAME		3.2 NAME	Deborah Y. Chandler
STREET ADDRESS		3.3 STREET ADDRESS	245 Peachtree Ctr. Ave., N.E.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ste 1100, Atl, GA 30303
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	Smartt, Robert L. (Delete)
STREET ADDRESS		4.3 STREET ADDRESS	Resigned 2/17/95
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	Strickland, Edd M. (Delete)
STREET ADDRESS		5.3 STREET ADDRESS	Resigned 5/13/94
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 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 changed, or on an attachment with an address.

SIGNATURE:

J. Michael Barganier
J. M. CHAGEL BARGANIER 3/3/95
Vice Pres. 404/230-6365