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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F93000000440 (8)**

1. Corporation Name
WIELAND REALTY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1950 SULLIVAN RD. ATLANTA GA 30337 US	1950 SULLIVAN RD. ATLANTA GA 30337-5706 US

3. Date Incorporated or Qualified: **01/20/1993**
3a. Date of Last Report: **03/28/1996**

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip | Country
24 | 25 |

2a. Mailing Address
26 | 1950 Sullivan Road
Suite, Apt. #, etc.
27 | c/o Richard Bacon
City & State
28 | Atlanta, GA
Zip | Country
29 | 30337 | 30 | USA

4. FEI Number: **58-1576545** ☐ 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

GILES, RICK
3901 MONUMENT ROAD
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WIELAND, JOHN		1.2 NAME		
STREET ADDRESS	1950 SULLIVAN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WIELAND, SUE		2.2 NAME		
STREET ADDRESS	1950 SULLIVAN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	3.1 TITLE	P	Change ☑ Addition
NAME	WARE, TOM		3.2 NAME	Fields, Dan	
STREET ADDRESS	1950 SULLIVAN RD.		3.3 STREET ADDRESS	1950 Sullivan Road	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30337	
TITLE	VAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BACON, RICHARD A.		4.2 NAME		
STREET ADDRESS	1950 SULLIVAN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, VICKY		5.2 NAME		
STREET ADDRESS	1950 SULLIVAN ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I declare to the best of my knowledge and belief, the information supplied with this filing 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 added to the report with an address.

SIGNATURE: [signature] DAN FIELDS, PRESIDENT 3-20-97 (770) 996-2400 X140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #