**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300000440

WIELAND REALTY ASSOCIATES, INC.

| Principal Place   | of Business                   | Mailing Address     |             |                                |  |                          |              |
|---|-------------------------------|---------------------|-------------|--------------------------------|--|--------------------------|--------------|
| 1950 SULLIVAN RD. 1950 SULLIVAN ROAD  |                               |                     |             |                                |  |                          |              |
| ATLANTA GA 30337 C/O RICHARD BACON  |                               |                     |             |                                | . DO NOT WIDITE                            | N THE CDACE              |              |
| US  |                               | ATLANTA GA 30337    |             |                                | DO NOT WRITE IN THIS SPACE                 |                          |              |
|   |                               | US                  |             |                                | 3. Date Incorporated or Qualifed           |                          |              |
|   |                               |                     |             |                                | 01/20/1993                                 |                          |              |
| Principal Place of Business     2a. Mailing Address   |                               |                     |             |                                | 4. FEI Number                              | Ap                       | plied For    |
| 21 26   |                               |                     |             |                                | 58-1576545                                 | No <sup>s</sup>          | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |                               |                     |             |                                | _  | ¬ \$8.75 △               | Additional   |
| 22  |                               |                     |             |                                | 5. Certifcate of Status Desired            | Fee Re                   | quired       |
| City & State  | City & State                  | & State             |             | 6. Election Campaign Financing | \$5.00                                     | May Be                   |              |
| 23 28   |                               | — ´                 | •           |                                | Trust Fund Contribution                    | Added to                 |              |
|   |                               | Zip                 | Country     |                                | 8. This corporation owes the current       | vear Intangible          |              |
| `   |                               |                     |             |                                | Personal Property Tax.                     |                          | □No          |
| 24 25 29 30 30 9. Name and Address of Current Registered Agent  |                               |                     | 1           |                                | 10. Name and Address of New Regi           |                          |              |
|   | 5. Name and Address of Curren | it Registered Agent | 81          | Name                           | . Teame and Address of New York            | 0.0.00                   |              |
| OILEG DIOK  |                               |                     | "           | Name                           |  |                          |              |
| GILES, RICK   |                               |                     | 82          | Street                         | Address (P.O. Box Number is Not Acceptable | )                        |              |
| 3901 MONUMENT ROAD  |                               |                     |             |                                | <u> </u>                                   |                          |              |
| JACKSONVILLE FL 32225   |                               |                     | 83          |                                |  |                          | 1            |
| 1   |                               |                     | -           | <u> </u>                       |  | 85 Zip C                 | `ode         |
| ļ   |                               |                     | 84          | City                           |  | FL   S   Z   P C         | 2006         |
| 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 reinstatung)  OATE                        |                               |                     |             |                                |  |                          |              |
|   |                               |                     | 13.         | nt signature n                 | ADDITIONS/CHANGES TO OFFIC                 |                          | RS IN 12     |
| 12.   |                               | DELETE              | 1.1 TITLE   |                                | ABBITIONS OF WITE 25 TO CITE               | ☐ Change                 | Addition     |
| TITLE   | СТВ                           | □ DELETE            |             |                                | ,  | - Oursings               |              |
| NAME  | WIELAND, JOHN                 |                     | 1.2 NAME    |                                |  |                          |              |
| STREET ADDRESS  | RESS 1950 SULLIVAN RD. 1.3.5  |                     | 1.3 STREE   | TADDRESS                       |  |                          | ŀ            |
| CITY-ST-ZIP   | atlanta ga                    |                     | 1.4 CITY-S  | T-ZIP                          |  |                          |              |
| TITLE   | DS                            | ☐ DELETE            | 2.1 TITLE   |                                | <del></del>                                | ☐ Change                 | Addition     |
| NAME  | WIELAND, SUE                  |                     | 2.2 NAME    |                                |  | خسة بكناك فت             |              |
| STREET ADDRESS  | 1950 SULLIVAN RD.             |                     | 2.3 STREE   | TADDRESS                       |  | , ——, » 5 <del>, -</del> | - 1          |
|   | 1000 000                      |                     | 2. 4 GITY-5 |                                |  |                          |              |
| CITY-ST-ZIP   |                               |                     | 3.1 TITLE   | 51-ZIP                         | 1  | ☐ Change                 | ☐ Addition   |
| TITLE   | P                             |                     |             |                                |  |                          |              |
| NAME  | FIELDS, DAN                   |                     | 3.2 NAME    |                                | *  |                          |              |
| STREET ADDRESS  | 1950 SULLIVAN ROAD            | •                   | 3.3 STREE   | TADORESS                       | ĵ  |                          |              |
| CITY-ST-ZIP   |                               |                     | 3.4. CITY-5 | ST-ZIP                         |  |                          |              |
| TITLE   | VAS □ DELETE 4.11             |                     | 4.1 TITLE   |                                |  | ☐ Change                 | ☐ Addition   |
| NAME  | BACON, RICHARD A.             |                     | 4. 2 NAME   |                                |  |                          |              |
| STREET ADDRESS  | 1950 SULLIVAN ROAD            |                     | 4.3 STREE   | TADORESS                       |  |                          |              |
| CITY-ST-ZIP   | ATLANTA GA                    |                     | 4.4 CITY- S | T-ZIP                          |  |                          |              |
| TITLE   | AS                            | ☐ DELETE            | 5.1 TITLE   |                                | AS   | X Change                 | Addition     |
| NAME  | FOSTER, VICKY                 |                     | 5.2 NAME    |                                | ,  | 77                       |              |
| 1   | POSIEN, VICKY                 |                     |             | T ADDRESS                      | Iannarelli, Andrea                         |                          |              |
| STREET ADDRESS  | 1930 SULLIVAN NOAD            |                     | 5.4 CITY-S  |                                | 1950 Sullivan Road                         |                          |              |
| CITY-\$T-ZIP  | AIDAMA QA                     |                     | 6.1 TITLE   | 1-ZIP                          | Atlanta, GA 30337                          | ☐ Change                 | XX Addition  |
| TITLE   |                               | ☐ DELETE            |             |                                | Vice President                             | □ cuarde                 | YW Undinger  |
| NAME  |                               |                     | 6.2 NAME    |                                | Ray, Douglas T.                            | · ·                      | ]            |
| STREET ADDRESS  |                               |                     | 6.3 STREE   | TADDRESS                       | 1950 Sullivan Road                         |                          |              |

1950 Sullivan Road
Atlanta, GA 30337

14. I hereby certify that 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Dan Fields,

1/8/99

(770) 996-2400, x140

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90137 030 \*\*\*150.00