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 APR 11 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002284 (8)**

1. Corporation Name
STORMONT TRICE CORPORATION

Principal Place of Business	Mailing Address
3350 CUMBERLAND CIRCLE, SUITE 1800 ATLANTA GA 30339	3350 CUMBERLAND CIRCLE, SUITE 1800 ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1628424 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MERCER, ROBERT H
100 DELWOOD BEACH ROAD
PANAMA CITY FL 32411

10. Name and Address of New Registered Agent

81 Name: JOHN D. IRVIN
82 Street Address (P.O. Box Number is Not Acceptable): 4200 MARRIOTT DRIVE
83
84 City: PANAMA CITY BEACH FL 85 Zip Code: 32408

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: JOHN D. IRVIN — 1-20-95
Signature, typed or printed name of registered agent and the date applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	STORMONT, RICHARD M	12 NAME	
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1800	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	TRICE, DONALD R	22 NAME	
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1800	23 STREET ADDRESS	000001453890
CITY-ST-ZIP	ATLANTA GA 30339	24 CITY-ST-ZIP	-04/12/95--01018--005
TITLE	S	31 TITLE	****200.00 ****200.00 ☐ Addition
NAME	BRAWNER, BRENDA J	32 NAME	
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1800	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	STORMONT, JAMES M JR.	42 NAME	
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1800	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: Brenda Q. Brawner — 1-17-95 — 4048503303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

LW 4-11-95

0003303 CP