

2-10-98 B 1822 C  
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Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002284 (8)

1. Corporation Name

STORMONT TRICE CORPORATION

Principal Place of Business

3350 CUMBERLAND CIRCLE, SUITE 1800  
ATLANTA GA 30339

Mailing Address

3350 CUMBERLAND CIRCLE, SUITE 1800  
ATLANTA GA 30339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

3. Date Incorporated or Qualified

05/17/1993

4. FEI Number

58-1628424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IRVIN, JOHN D  
4200 MARIOTT DRIVE  
PANAMA CITY FL 32408

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD  
STORMONT, RICHARD M  
3350 CUMBERLAND CIRCLE, SUITE 1800  
ATLANTA GA 30339

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
TRICE, DONALD R  
3350 CUMBERLAND CIRCLE, SUITE 1800  
ATLANTA GA 30339

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S  
BRAWNER, BRENDA J  
3350 CUMBERLAND CIRCLE, SUITE 1800  
ATLANTA GA 30339

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
STORMONT, JAMES M JR.  
3350 CUMBERLAND CIRCLE, SUITE 1800  
ATLANTA GA 30339

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

Brenda J Brawner

1-14-98

770/850-3303

CR2E034 (10/97)