

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90026 024 ***150.00

DOCUMENT # F93000002284

1. Corporation Name
STORMONT TRICE CORPORATION

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1993

2. Principal Place of Business
21 4401 Northside Parkway

2a. Mailing Address
26 4401 Northside Parkway

4. FEI Number
58-1628424

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 300

Suite, Apt. #, etc.
27 Suite 300

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Atlanta GA

City & State
28 Atlanta GA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 30327 25 USA

Zip Country
29 30327 30 USA

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRVIN, JOHN D
4200 MARIOTT DRIVE
PANAMA CITY FL 32408

81 Name
Irvin, John D.
82 Street Address (P.O. Box Number is Not Acceptable)
4200 Marriott Drive
83
84 City
Panama City 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CD	STORMONT, RICHARD M	3350 CUMBERLAND CIRCLE, SUITE 1800	ATLANTA, GA 30339	<input type="checkbox"/>
PD	TRICE, DONALD R	3350 CUMBERLAND CIRCLE, SUITE 1800	ATLANTA, GA 30339	<input type="checkbox"/>
S	BRAWNER, BRENDA J	3350 CUMBERLAND CIRCLE, SUITE 1800	ATLANTA, GA 30339	<input type="checkbox"/>
T	STORMONT, JAMES M JR.	3350 CUMBERLAND CIRCLE, SUITE 1800	ATLANTA, GA 30339	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Chairman	Stormont, Richard M.	4401 Northside Parkway, Suite 300	Atlanta, GA 30327	<input type="checkbox"/>	<input type="checkbox"/>
President	Trice, Donald R.	4401 Northside Parkway, Suite 300	Atlanta, GA 30327	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	Brawner, Brenda J.	4401 Northside Parkway, Suite 300	Atlanta, GA 30327	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Stormont, James M., Jr.	4401 Northside Parkway, Suite 300	Atlanta, GA 30327	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Brenda J. Brawner
Brenda J. Brawner
Corporate Secretary

1/14/99

404/504-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)