

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000003474 (4)**

1. Corporation Name

NEWTON WOODS G.P., INC.



Principal Place of Business

Mailing Address

**7000 CENTRAL PARKWAY, SUITE 1500
ATLANTA GA 30328**

**7000 CENTRAL PARKWAY, SUITE 1500
ATLANTA GA 30328**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, Florida Statutes, the above named corporation hereby certifies to 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 607.0105, Florida Statutes.

SIGNATURE

Signature (typed or printed name of the person signing this form)

Name (typed or printed name of the person signing this form)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	LOVE, J. ROBERT	7000 CENTRAL PARKWAY, SUITE 1500	ATLANTA GA 30328	☐
S	LEE, ALAN G	7000 CENTRAL PARKWAY, SUITE 1500	ATLANTA GA 30328	☐
VD	WHALEY, FRED E	880 CARILLON PARKWAY	ST. PETERSBURG FL 33716	☐
				☐
				☐
				☐
				☐

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN #2

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 DELETE	16 CHANGE	17 ADDITION
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

14. I do hereby certify that the information supplied with this form is true and correct and does not qualify for the exemption stated in Section 119.07(3)(b), 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an affidavit.

SIGNATURE: J. Robert Love, President 3/19/96 770-551-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)