

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000003875 (2)

1. Corporation Name

GOTTLIEB'S FINANCIAL SERVICES, INC.



Principal Place of Business

6400 ATLANTIC BLVD.  
JACKSONVILLE FL 32211  
US

Mailing Address

2700 CUMBERLAND PARKWAY, SUITE 300  
ATLANTA GA 30339

3. Date Incorporated or Qualified

08/25/1993

3a. Date of Last Report

05/01/1995

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

4. FEI Number

58-2062951

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DRINKWATER, J. MICHAEL	
STREET ADDRESS	6400 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	GOTTLIEB, MELVIN	
STREET ADDRESS	6400 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SVPA	<input type="checkbox"/> DELETE
NAME	COTE, MICHAEL R.	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DICKERSON, CARYN S	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	TOPPER, RAMELA S.	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BROWN, RANDOLPH G.	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	
CITY-ST-ZIP	ATLANTA GA	

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Drinkwater, J. Michael	
1.3 STREET ADDRESS	6400 Atlantic Blvd.	
1.4 CITY-ST-ZIP	Jacksonville, FL	
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Spalding, William R.	
2.3 STREET ADDRESS	2700 Cumberland Pkwy., #300	
2.4 CITY-ST-ZIP	Atlanta, GA 30339	
3.1 TITLE	SVP/A/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cote, Michael R.	
3.3 STREET ADDRESS	2700 Cumberland Pkwy., #300	
3.4 CITY-ST-ZIP	Atlanta, GA 30339	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sherman, Peggy B.	
4.3 STREET ADDRESS	2700 Cumberland Pkwy., #300	
4.4 CITY-ST-ZIP	Atlanta, GA 30339	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Brown, Randolph G.	
6.3 STREET ADDRESS	2700 Cumberland Pkwy., #300	
6.4 CITY-ST-ZIP	Atlanta, GA 30339	

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)(k), 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: *Peggy Sherman*

4/5/96

(770) 319-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy B. Sherman, V. Pres. Asst. Sec. Assoc. General Counsel

Date:

Daytime Phone #

CR2E034 (12/95)