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

FILED
95 JAN 27 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001015 (6)**

1. Corporation Name

LEHIGH ACRES/FUNDING G.P., INC.

Principal Place of Business	Mailing Address
3525 PIEDMONT ROAD, N.E. 7 PIEDMONT CENTER, STE. 150 ATLANTA GA 30305	3525 PIEDMONT ROAD, N.E. 7 PIEDMONT CENTER, STE. 150 ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:
4. FEI Number: 58-2093558 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHEU, WILLIAM E ESQ.
200 WEST FORSYTH ST., STE. 1600
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☐ Addition
NAME	GIPSON, JOHN H	1.2 NAME	
STREET ADDRESS	3525 PIEDMONT RD., NE, 7 PIEDMONT CNTR 150	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SEVERINO, SUSAN	2.2 NAME	
STREET ADDRESS	3405 PIEDMONT RD., NE, 7 PIEDMONT CNTR 450	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	GIPSON, SAMUEL L	3.2 NAME	
STREET ADDRESS	3525 PIEDMONT RD., NE, 4 PIEDMONT CNTR 120	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, MARSHALL E	4.2 NAME	
STREET ADDRESS	3405 PIEDMONT RD., NE, STE. 450	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	LEACH, SHEILA	5.2 NAME	
STREET ADDRESS	3525 PIEDMONT RD., NE, STE. 150	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Sheila Leach Sheila Leach 1/23/95 (404) 231-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0308744 PP