

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 # F94000001015 (6)

1. Corporation Name

LEHIGH ACRES/FUNDING G.P., INC.

Principal Place of Business

3525 PIEDMONT ROAD, N.E.
7 PIEDMONT CENTER, STE. 150
ATLANTA GA 30305

Mailing Address

3525 PIEDMONT ROAD, N.E.
7 PIEDMONT CENTER, STE. 150
ATLANTA GA 30305



3. Date Incorporated or Qualified

03/01/1994

3a. Date of Last Report

01/27/1995

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.

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

10. Name and Address of New Registered Agent

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

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 607.1503, 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, or both, as applicable.

Signature, typed or printed name of new registered agent, as applicable.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME GIPSON, JOHN H
STREET ADDRESS 3525 PIEDMONT RD., NE, 7 PIEDMONT CNTR 150
CITY-ST-ZIP ATLANTA GA 30305

TITLE D
NAME SEVERINO, SUSAN
STREET ADDRESS 3405 PIEDMONT RD., NE, 7 PIEDMONT CNTR 450
CITY-ST-ZIP ATLANTA GA 30305

TITLE VS
NAME GIPSON, SAMUEL L
STREET ADDRESS 3525 PIEDMONT RD., NE, 4 PIEDMONT CNTR 120
CITY-ST-ZIP ATLANTA GA 30305

TITLE AS
NAME SIEGEL, MARSHALL E
STREET ADDRESS 3405 PIEDMONT RD., NE, STE. 450
CITY-ST-ZIP ATLANTA GA 30305

TITLE T
NAME LEACH, SHEILA
STREET ADDRESS 3525 PIEDMONT RD., NE, STE. 150
CITY-ST-ZIP ATLANTA GA 30305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/16 404-231-1121

CR2E034 (12/95)