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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001333 (3)**

1. Corporation Name

THE CONLAN COMPANY

Principal Place of Business

1800 PARKWAY PLACE
SUITE 520
MARIETTA GA 33067

Mailing Address

1800 PARKWAY PLACE
SUITE 520
MARIETTA GA 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

2. Principal Place of Business

21 1800 Parkway Place

2a. Mailing Address

26 1800 Parkway Place

Suite, Apt. #, etc.

22 Suite 1010

Suite, Apt. #, etc.

27 Suite 1010

City & State

23 Marietta, GA

City & State

28 Marietta, GA

Zip

24 30067

Country

25 Cobb

Zip

29 30067

Country

30 Cobb

4. FEI Number

58-1751974

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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

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 CP
NAME CONDRON, GARY
STREET ADDRESS 1800 PARKWAY PLACE, SUITE 520
CITY - ST - ZIP MARIETTA GA

1.1 TITLE CP ☒ Change ☐ Addition
1.2 NAME Condron, Gary
1.3 STREET ADDRESS 1800 Parkway Place, Suite 1010
1.4 CITY - ST - ZIP Marietta, GA 30067

TITLE D
NAME ASHLEY, ROGER
STREET ADDRESS 1800 PARKWAY PLACE, SUITE 520
CITY - ST - ZIP MARIETTA GA

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Ashley, Roger
2.3 STREET ADDRESS 1800 Parkway Place, Suite 1010
2.4 CITY - ST - ZIP Marietta, GA 30067

TITLE V
NAME SCHOPPMAN, ERIC
STREET ADDRESS 1800 PARKWAY PLACE, SUITE 520
CITY - ST - ZIP MARIETTA GA

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME Schoppman, Eric
3.3 STREET ADDRESS 1800 Parkway Place, Suite 1010
3.4 CITY - ST - ZIP Marietta, GA 30067

TITLE ST
NAME SEYMOUR, ANN B
STREET ADDRESS 1800 PARKWAY PLACE, SUITE 520
CITY - ST - ZIP MARIETTA GA

4.1 TITLE ST ☒ Change ☐ Addition
4.2 NAME Seymour, Ann B.
4.3 STREET ADDRESS 1800 Parkway Place, Suite 1010
4.4 CITY - ST - ZIP Marietta, GA 30067

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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)(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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary D. Condron, President

(Type)

(404) 423-8000

Deborah Patten