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 # F95000000688 (0)

1. Corporation Name

WILDWOOD TERRACE APARTMENTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 755 FLORENCE AL 35631	P.O. BOX 755 FLORENCE AL 35631

3. Date Incorporated or Qualified **02/10/1995**	**3a.** Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 63-0279597	☐ Applied For ☐ Not Applicable
21 _516 E MOBILE ST_	26 _516 E. MOBILE ST._		
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State _Florence, AL_	28 City & State _Florence, AL_	**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip _35630_ 25 Country	29 Zip _35630_ 30 Country	**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
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	**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 to accept the appointment)   (NOTE: Registered Agent signature required when reappointing)   DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PS**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **BALENTINE, JERRY**		1.2 NAME	
STREET ADDRESS **BOCKLINSTR. 34**		1.3 STREET ADDRESS	
CITY-ST-ZIP **68 MANNHEIM 1, WEST GERMANY**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _Jerry Balentine_   _5/15/96_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date