

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004722 (3)

1. Corporation Name

LADD OF METROPOLITAN ATLANTA, INC.



Principal Place of Business

7193 HWY 54
MORROW GA 30260

Mailing Address

7193 HWY 54
MORROW GA 30260

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1880192

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

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

THOMPSON, IRA W
2000 N. MERIDIAN RD., #121
TALLAHASSEE FL 32303

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 617.0502 and 617.1508, 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 617.0503, 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 PDC ☐ DELETE

NAME MANSELL, DAVID C
STREET ADDRESS 2049 KINDERTON MANOR DR.
CITY-ST-ZIP DULUTH GA 30136

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME CORNELISON, RONNIE L
STREET ADDRESS 2357 MAHOGANY GLEN PLACE
CITY-ST-ZIP LAWRENCEVILLE GA 30243

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME KIRKPATRICK, JONATHAN
STREET ADDRESS 3387 BRENDA LANE
CITY-ST-ZIP LITHIA SPRINGS GA 30057

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ASKEW, WILLIAM E JR
STREET ADDRESS 7814 FIELDER RD.
CITY-ST-ZIP JONESBORO GA 30236

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MONROE, TERESA
STREET ADDRESS 2440 BARGE RD., SW, #111
CITY-ST-ZIP ATLANTA GA 30331

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MOORE, MARY K RN MA
STREET ADDRESS 450 S. PEACHTREE PKWY., #V-203
CITY-ST-ZIP PEACHTREE CITY GA 30269

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 617, 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

DATE

Daytime Phone #

CR2E037 (12/95)