

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000700 (2)

1. Corporation Name

HUNTCLIFF MANAGEMENT COMPANY, INC.

Principal Place of Business

5901-B PEACHTREE DUNWOODY RD., #555
ATLANTA GA 30328

Mailing Address

5901-B PEACHTREE DUNWOODY RD., #555
ATLANTA GA 30328

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	HOLMES, NED S	
STREET ADDRESS	5901-B PEACHTREE DUNWOODY RD., #555	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	GILLESPIE, JAMES A	
STREET ADDRESS	5901-B PEACHTREE DUNWOODY RD., #555	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STUBBS, ROBERT R	
STREET ADDRESS	5901-B PEACHTREE DUNWOODY RD., #555	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRIGHT, JOANNA K	
STREET ADDRESS	5901-B PEACHTREE DUNWOODY RD., #555	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRIE, GEORGE	
STREET ADDRESS	5901-B PEACHTREE DUNWOODY RD., #555	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GILLESPIE, JAMES A.	
1.3 STREET ADDRESS	5901 B PEACHTREE DUNWOODY RD., SUITE 555	
1.4 CITY-ST-ZIP	ATLANTA GA 30328	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARRIE, GEORGE	
2.3 STREET ADDRESS	5901 B PEACHTREE DUNWOODY RD., SUITE 555	
2.4 CITY-ST-ZIP	ATLANTA GA 30328	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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 registered agent 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:

Robert R. Stubbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Stubbs
Secretary

4-7-97

(770) 551-3478

Date

Daytime Phone #

0512785

CR2E034 (9/96)