


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

001295

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90002 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001465

1. Corporation Name

RELANCE TRUST COMPANY

Principal Place of Business

3384 PEACHTREE RD.
SUITE 900
ATLANTA GA 30326

Mailing Address

3384 PEACHTREE RD.
SUITE 900
ATLANTA GA 30326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

58-1428634

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARRA, MICHAEL J
101 N.E. 3RD AVENUE
SUITE 100
FT LAUDERDALE FL 33301

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	PCD	<input type="checkbox"/> DELETE
NAME	PHELPS, KENNETH J	
STREET ADDRESS	3384 PEACHTREE RD.	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GUTHRIE, ANTHONY A	
STREET ADDRESS	3384 PEACHTREE RD.	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAXWELL, JAMES T	
STREET ADDRESS	3384 PEACHTREE RD., STE. 900	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAWSON, JERRY	
STREET ADDRESS	3384 PEACHTREE RD., STE. 900	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, DEBORAH D	
STREET ADDRESS	3384 PEACHTREE RD., STE. 900	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	William H. McCracken
5.3 STREET ADDRESS	3384 Peachtree Rd., Ste 900
5.4 CITY-ST-ZIP	Atlanta, GA 30326
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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)