

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 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 # F96000003798 (3)

1. Corporation Name

BLUE MOUNTAIN BEACH, INC.

Principal Place of Business

1600 ATLANTA FINANCIAL CENTER
3343 PEACHTREE RD., NE
ATLANTA GA 30326

Mailing Address

1600 ATLANTA FINANCIAL CENTER
3343 PEACHTREE RD., NE
ATLANTA GA 30326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

58-2250987

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 C
NAME MORRIS, JOHN G
STREET ADDRESS 3343 PEACHTREE RD. NE
CITY-ST-ZIP ATLANTA GA 30326 ☐ DELETE

TITLE PST
NAME BRANNON, JEANNA A
STREET ADDRESS 3343 PEACHTREE RD. NE
CITY-ST-ZIP ATLANTA GA 30326 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Morris, John G.
1.3 STREET ADDRESS 3343 Peachtree Rd NE, Ste. 1600
1.4 CITY-ST-ZIP Atlanta, GA 30326

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Morris, John G.
2.3 STREET ADDRESS 3343 Peachtree Rd NE, Ste. 1600
2.4 CITY-ST-ZIP Atlanta, GA 30326

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Morris, John G.
3.3 STREET ADDRESS 3343 Peachtree Rd NE, Ste. 1600
3.4 CITY-ST-ZIP Atlanta, GA 30326

4.1 TITLE Vice President ☐ Change ☒ Addition
4.2 NAME Morris, Flynn D.
4.3 STREET ADDRESS 475 Blue Mountain Beach Drive
4.4 CITY-ST-ZIP Santa Rosa Beach, FL 32459

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

John G. Morris

John G. Morris, Pres.

404-233-7000

CR2E034 (4/97)