

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90186 014 ***150.00

DOCUMENT # F96000004656

1. Corporation Name

ROBERT PATTILLO PROPERTIES, INC.



Principal Place of Business

2987 CLAIRMONT ROAD, STE 550
ATLANTA GA 30329

Mailing Address

2987 CLAIRMONT ROAD, STE 550
ATLANTA GA 30329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1996

4. FEI Number

58-6020072

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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	<i>Vice President</i>	☐ DELETE
NAME	TOPPLE, JAMES H	
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CD	☐ DELETE
NAME	DAVID, ROBERT T	
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	BARKSDALE, A R	
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	LOWDER, THOMAS H	
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550	
CITY-ST-ZIP	ATLANTA GA	
TITLE	<i>Sec.</i>	☐ DELETE
NAME	REESE, CLAY R	
STREET ADDRESS	2990 BRANDYWINE ROAD, STE 115	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	KIMBREL, C D	
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
1.2 NAME	<i>John C. Atwell</i>	
1.3 STREET ADDRESS	<i>2987 Clairmont Rd Suite 550</i>	
1.4 CITY-ST-ZIP	<i>Atlanta, Ga 30329</i>	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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

John C. Atwell
4/29/99 (404) 235-3550
Date Daytime Phone #

CR2E034 (1/98)