

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000005185 (1)

1. Corporation Name

GABLES GP, INC.



Principal Place of Business

Mailing Address

2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339

2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number

76-0423105

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COBD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROMLEY, MARCUS E		12 NAME	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450		13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339		14 CITY-ST-ZIP	See attached schedule for additional
TITLE	VAS	<input type="checkbox"/> DELETE	21 TITLE	directors and officers
NAME	CLARK, C J		22 NAME	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450		23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339		24 CITY-ST-ZIP	
TITLE	VAS	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINOSSEK, DENNIS E		32 NAME	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450		33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339		34 CITY-ST-ZIP	
TITLE	AS VPAC	<input type="checkbox"/> DELETE	41 TITLE	VPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERT, DAWN H		42 NAME	
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1450		43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339		44 CITY-ST-ZIP	
TITLE	PCOO	<input type="checkbox"/> DELETE	51 TITLE	PCOO D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPPEL, JOHN T		52 NAME	
STREET ADDRESS	2925 BRIARPARK, SUITE 1220		53 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77042		54 CITY-ST-ZIP	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, WILLIAM M		62 NAME	
STREET ADDRESS	222 W. LAS COLINAS BOULEVARD, SUITE 350		63 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039		64 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.

CR2E034 (10/97)

GABLES GP, INC.

Florida Intangible Tax Return

Section 13-Additional Officers and Directors

<u>Name</u>	<u>Title</u>
Marvin R. Banks, Jr.	VTS CFO
Chris D. Wheeler	VP D
David M. Holland	D
Lauralee Martin	D
John W. McIntyre	D
D. Raymond Riddle	D
Sue Ansel	VP
Bradley Bryant	VP
James Craig	VP
Mary Cheddie	VP
Greg Iglehart	VP
Stephen Sweet	VP
Kevin Wisdom	VP

Address for all:

***2859 Paces Ferry Road
Suite 1450
Atlanta, Georgia 30339***