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FILED

May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006224 (7)

1. Corporation Name

GLENLAKE FOREST INVESTMENTS, INC.

Principal Place of Business

5 PIEDMONT CENTER, SUITE 310  
ATLANTA GA 30305

Mailing Address

5 PIEDMONT CENTER, SUITE 310  
ATLANTA GA 30305-1509

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

N/A

4. FEI Number

APPLIED FOR 31-1494377

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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 617.0502 and 617.1508, 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 617.0503, 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 PT ☐ DELETE  
NAME TARVER, CHARLES M  
STREET ADDRESS 5 PIEDMONT CENTER SUITE 310  
CITY-ST-ZIP ATLANTA GA 30305TITLE VS ☐ DELETE  
NAME GRICE, SAMUEL R  
STREET ADDRESS 5 PIEDMONT CENTER SUITE 310  
CITY-ST-ZIP ATLANTA GA 30305TITLE D ☐ DELETE  
NAME CREAMER, JOSE E  
STREET ADDRESS 55 GLENLAKE PARKWAY, NE  
CITY-ST-ZIP ATLANTA GA 30328TITLE D ☐ DELETE  
NAME SOUPATA, LEA  
STREET ADDRESS 55 GLENLAKE PARKWAY, NE  
CITY-ST-ZIP ATLANTA GA 30328TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Davis, Scott R.  
1.3 STREET ADDRESS 55 Glenlake Parkway, NE  
1.4 CITY-ST-ZIP Atlanta, GA 303282.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Samuel R. Grice

Date

4/15/97 (404)816-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 404-816-7750

CP2E037 (9/96)