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FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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

Mailing Address

**5 PIEDMONT CENTER, SUITE 310  
ATLANTA GA 30305**

**5 PIEDMONT CENTER, SUITE 310  
ATLANTA GA 30305**

3. Date Incorporated or Qualified

**11/25/1996**

4. FEI Number

**31-1494377**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 15 Piedmont Center**

**26 15 Piedmont Center**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 1250**

**27 Suite 1250**

City & State

City & State

**23 Atlanta, GA**

**28 Atlanta, GA**

Zip

Country

Zip

Country

**24 30305**

**25 USA**

**29 30305**

**30 USA**

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE

NAME **TARVER, CHARLES M**  
STREET ADDRESS **5 PIEDMONT CENTER SUITE 310**  
CITY-ST-ZIP **ATLANTA GA 30305**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **15 Piedmont Center, Suite 1250**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VS** ☐ DELETE

NAME **GRICE, SAMUEL R**  
STREET ADDRESS **5 PIEDMONT CENTER SUITE 310**  
CITY-ST-ZIP **ATLANTA GA 30305**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **15 Piedmont Center, Suite 1250**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **CREAMER, JOSE E**  
STREET ADDRESS **55 GLENLAKE PARKWAY, NE**  
CITY-ST-ZIP **ATLANTA GA 30328**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **SOUPATA, LEA**  
STREET ADDRESS **55 GLENLAKE PARKWAY, NE**  
CITY-ST-ZIP **ATLANTA GA 30328**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **DAVIS, SCOTT R**  
STREET ADDRESS **55 GLENLAKE PKWY NE**  
CITY-ST-ZIP **ATLANTA GA**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 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*

*Samuel R. Grice*

*4/29/98 (404) 261-9575*

CR2E037 (10/97)