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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000002733

1. Corporation Name

MAGELLAN EXECUTIVE CORPORATION

Principal Place of Business

**3414 PEACHTREE RD NORTHEAST
STE 1400
ATLANTA GA 30326**

Mailing Address

**3414 PEACHTREE RD NORTHEAST
STE 1400
ATLANTA GA 30326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

58-2310891

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

21 6950 Columbia Gateway Dr

Suite, Apt. #, etc.

2a. Mailing Address

26 577 Mulberry St.

Suite, Apt. #, etc.

City & State

23 Columbia, MD 21046

Zip Country

24 21046

City & State

28 Macon, GA

Zip Country

29 31202 30 Bibb

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301**

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 **D** ☐ DELETE
NAME **J. KEVIN HELMINTOLLER**
STREET ADDRESS **3414 PEACHTREE RD NE STE 1400**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **P** ☒ DELETE
NAME **MCCONNELL, KIRK D**
STREET ADDRESS **3414 PEACHTREE RD NORTHEAST**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **D** ☒ DELETE
NAME **JOEL C. ROSS**
STREET ADDRESS **3414 PEACHTREE RD NORTHEAST**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **TD** ☐ DELETE
NAME **SANFORD, CHARLOTTE A**
STREET ADDRESS **3414 PEACHTREE RD NORTHEAST**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **VP** ☐ DELETE
NAME **MARGIE M. SMITH**
STREET ADDRESS **577 MULBERRY ST.**
CITY-ST-ZIP **MACON GA 31298**

TITLE **V** ☒ DELETE
NAME **DRINKARD, LARRY**
STREET ADDRESS **3414 PEACHTREE RD NORTHEAST**
CITY-ST-ZIP **ATLANTA GA 30326**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **James R. Bedenbaugh**
2.3 STREET ADDRESS **3414 Peachtree Rd NE Ste 1400**
2.4 CITY-ST-ZIP **Atlanta, GA 30326**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D. Keith Brown**
3.3 STREET ADDRESS **3414 Peachtree Rd NE Ste 1400**
3.4 CITY-ST-ZIP **Atlanta, GA 30326**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Asst. Sec** ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **31202**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Secretary Michelle H. Ancarky**
6.3 STREET ADDRESS **3414 Peachtree Rd NE Ste 1400**
6.4 CITY-ST-ZIP **Atlanta, GA 30326**

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:

Margie M. Smith **MARGIE M. SMITH**

2/11/99

912-742-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)