## ··· NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Secretary of State 09-01-1999 90005 021 \*\*\*550.00

FILED

Sep 01, 1999 8:00 am

## OCUMENT # F98000000667

in Block 12 or Block 13 if changed, or on an attachment with an address.

---ATURE:

CLAY-FRY PROPERTIES, INC.

Place of Business CUMPERLAND CIRCLE

1500

Mailing Address

3350 CUMBERLAND CIRCLE **SUITE 1500** 

DO NOT WRITE IN THIS SPACE GA 30339 ATLANTA GA 30339 3. Date Incorporated or Qualified 02/04/1998 Applied For 2a. Mailing Address 4. FEI Number Principal Place of Business 3350 Riverwood Not Applicable 3350 Riverwa 62-1204815 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Zip Country 8. This corporation owes the current year No. Intangible Personal Property. Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 82 526 E. PARK AVENUE TALLAHASSEE FL 32301 83 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (2/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 1.1 TITLE Change Addition DELETE **CR2E034** DAVID BALLEW HIMELRICK JR, JAMES E 1.2 NAME 3350 CUMBERLAND CIR., STE 1500 1.3 STREET ADDRESS LADAMO SS ATLANTA GA 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition STONE, KAREN 2.2 NAME 3350 CUMBERLAND CIR., STE 1500 2.3 STREET ADDRESS LADURESS ATLANTA GA 2.4 CITY-ST-ZIP \_ : <u>^</u>u Change 3.1 TITLE DELETE POULOS, ANASTASIA 3.2 NAME MELANIE BUNTING 3350 CUMBERLAND CIR., STE 1500 3.3 STREET ADDRESS FAUUNESS ATLANTA GA 3.4 CITY-ST-ZIP 4.1 TITLE DELETE 4.2 NAME **BUNTING, MELANIE** 3350 CUMBERLAND CIR., STE 1500 4.3 STREET ADDRESS LADIDO SE atlanta ga 4.4 CITY-ST-ZIP Change Addition CD DELETE 5.1 TITLE SCHARFENBERG, HARALD V 5.2 NAME LEOPOLDSTRASSE 7, 80802, MUECHEN 5.3 STREET ADDRESS : Administration FEDER REPUBLIC OF GERMANY 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change AS CUMMINGS JR, J G 6.2 NAME 414 UNION STREET, STE 1600 6.3 STREET ADDRESS NASHVILLE TN

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