

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:27

DOCUMENT # **H17539** (8)

1. Corporation Name:

LIBERTY TORCH, INC.

Principal Place of Business

**245 PEACHTREE CTR. AVE.
STE 1100
ATLANTA GA 30303
US**

Mailing Address

**245 PEACHTREE CTR. AVE.
STE 1100
ATLANTA GA 30303
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1984

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2835442

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT 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 must be printed name of registered agent and then appropriate)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **SMARTT, ROBERT L.**
STREET ADDRESS **245 PEACHTREE CTR AVE. STE 1100**
CITY, ST, ZIP **ATLANTA GA 30303**

1.1 TITLE **DIP** ☒ Change ☐ Addition
1.2 NAME **J. Michael Berganier**
1.3 STREET ADDRESS **245 Peachtree Center Ave. Ste. 1100**
1.4 CITY, ST, ZIP **Atlanta, GA 30303**

TITLE **DVST**
NAME **CORRIGAN, RICHARD**
STREET ADDRESS **245 PEACHTREE CTR AVE. STE 1100**
CITY, ST, ZIP **ATLANTA GA**

2.1 TITLE **DIST** ☐ Change ☐ Addition
2.2 NAME **Richard Corrigan**
2.3 STREET ADDRESS **245 Peachtree Center Ave. Ste. 1100**
2.4 CITY, ST, ZIP **Atlanta, GA 30303**

TITLE **DV**
NAME **STRICKLAND, EDD M.**
STREET ADDRESS **245 PEACHTREE CTR AVE. STE 1100**
CITY, ST, ZIP **ATLANTA GA**

3.1 TITLE **DIVP/AS** ☒ Change ☐ Addition
3.2 NAME **Deborah Y. Chandler**
3.3 STREET ADDRESS **245 Peachtree Center Ave. Ste. 1100**
3.4 CITY, ST, ZIP **Atlanta, GA 30303**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE **VP/AS - officer only** ☐ Change ☒ Addition
5.2 NAME **Faye C. Haack**
5.3 STREET ADDRESS **245 Peachtree Center Ave. Ste. 1100**
5.4 CITY, ST, ZIP **Atlanta, GA 30303**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE **VP/AS - officer only** ☐ Change ☒ Addition
6.2 NAME **Lamar P. Hallinan**
6.3 STREET ADDRESS **245 Peachtree Center Ave. Ste. 1100**
6.4 CITY, ST, ZIP **Atlanta, GA 30303**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 119.07(3)(b), 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.

SIGNATURE:

J. Michael Berganier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Michael Berganier, President

3/23/95 404/230-6365
Date Telephone Number