FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 APR 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # H50687

1. Corporation Name

FREEDOM CAPITAL, INC.

Principal Place of Business	Mailing Address
245 Peachtree Center Ave. Suite 1100 Atlanta, Ga. 30303	245 Peachtree Center Ave., Suite 1100 Atlanta, Ga. 30303

3. Date Incorporated or Qualified: 4/4/85
3a. Date of Last Report: 4/11/94

2. Principal Place of Business
21 Suite, Apt. #, etc.: 245 Peachtree Ctr. Ave.
22 Suite, Apt. #, etc.: Suite 1100
23 City & State: Atlanta, GA.
24 Zip: 30303
25 Country: USA

2a. Mailing Address
26 Suite, Apt. #, etc.: 245 Peachtree Ctr. Ave.
27 Suite, Apt. #, etc.: Suite 1100
28 City & State: Atlanta, GA
29 Zip: 30303
30 Country: USA

4. FEI Number: 59-2540234 ☐ 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

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island
Plantation, Fl 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition P/P Joseph M. Davis 245 Peachtree Center ave. Ste 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition D/VP/AS J. Michael Barganier 245 Peachtree Center ave. Ste. 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition [redacted] D/S/T Richard Corrigan 245 Peachtree Center Ave. Ste. 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition VP/AS - officer only Faye S. Hauck 246 Peachtree Center Ave. Ste. 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition VP/AS officer only Deborah Y. Chandler 245 Peachtree Center ave. Ste. 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition 2nd 4-25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joseph M. Davis 4-19-95 (404) 230-6786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph M. Davis, President