

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H50687 (3)

1. Corporation Name
FREEDOM CAPITAL INC.

Principal Place of Business
100 COLONY SQ. BOX 68
STE. 2200
ATLANTA GA 30316
US

Mailing Address
100 COLONY SQ. BOX 68
STE. 2200
ATLANTA GA 30361-6206
US



2. Principal Place of Business

21 FDIC-1201 W. Peachtree St.
Suite, Apt. #, etc.
22 Suite 1800

City & State
23 Atlanta, GA

Zip Country
24 30309 25 U.S.

2a. Mailing Address

26 FDIC-1201 W. Peachtree St.
Suite, Apt. #, etc.
27 Suite 1800

City & State
28 Atlanta, GA

Zip Country
29 30309 30 U.S.

3. Date Incorporated or Qualified
04/04/1985

3a. Date of Last Report
05/01/1996

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 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	DP	<input type="checkbox"/> DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	100 COLONY SQ. BOX 68	
CITY-ST-ZIP	ATLANTA GA 30316	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P JR	
STREET ADDRESS	100 COLONY SQ. BOX 68	
CITY-ST-ZIP	ATLANTA GA 30316	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P	
STREET ADDRESS	100 COLONY SQ. BOX 68	
CITY-ST-ZIP	ATLANTA GA 30316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
1.4 CITY-ST-ZIP	Atlanta, GA 30309
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
2.4 CITY-ST-ZIP	Atlanta, GA 30309
3.1 TITLE	DST
3.2 NAME	Lawrence W. Lockwood
3.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
3.4 CITY-ST-ZIP	Atlanta, GA 30309
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia J. Ray, President

Date

Daytime Phone #

(404) 817-2567

0012763

CR2E034 (9/96)