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Jan 31 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 # J39081

(1)

1. Corporation Name
MANDARIN MEADOWS, INC.

Principal Place of Business
577 MULBERRY STREET
P.O. BOX 209
MACON GA 31208

Mailing Address
577 MULBERRY STREET
P.O. BOX 209
MACON GA 31202-0209

3. Date Incorporated or Qualified 10/23/1986
3a. Date of Last Report 02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

58-1761155

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 COBERN, JOSEPH M DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3414 PEACHTREE RD NE SUITE 1400
ATLANTA GA

TITLE D MCRAE, GLENN A DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
577 MULBERRY STREET
MACON, GA 31298

TITLE DVP WOOD, JOHN C DELETE

STREET ADDRESS
CITY-ST-ZIP
577 MULBERRY STREET
MACON, GA 31298

TITLE P WOOD, DONNA DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3414 PEACHTREE ROAD NE. SUITE 1400
ATLANTA GA

TITLE S FILUSH, JAMES M DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
577 MULBERRY STREET
MACON, GA 31298

TITLE T SANFORD, CHARLOTTE A DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3414 PEACHTREE RD NE SUITE 1400
ATLANTA GA

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 D JOSEPH C. LITTLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 TITLE VP KIM EVERETT Change Addition

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY-ST-ZIP

3.4 TITLE D JOSEPH C. LITTLE Change Addition

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-ST-ZIP

4.4 TITLE VP KIM EVERETT Change Addition

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY-ST-ZIP

5.4 TITLE DIT Change Addition

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY-ST-ZIP

6.4 TITLE DIT Change Addition

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

SIGNATURE:

James M. Filush
JAMES M. FILUSH - SECRETARY

1-20-97

(912) 742-1161

Date

Daytime Phone #

0013488

CR2E034 (9/96)