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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:03

DOCUMENT # K45509 (2)

1. Corporation Name

AMBASSADOR HOMES OF CARRIAGE POINTE, INC.

Principal Place of Business

245 PEACHTREE CENTER AVE.
SUITE 1100
ATLANTA GA 30303
US

Mailing Address

245 PEACHTREE CENTER AVE.
SUITE 1100
ATLANTA GA 30303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1988

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0090731

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

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2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SPUH 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 of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 190.03(4)(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 on Block 13 of Block 13 of the filing, or on a subsequent filing with an address.

NAME

PD

SMART, ROBERT L.

STREET ADDRESS

245 PEACHTREE CENTER AVE, SUITE 1100

CITY, ST, ZIP

ATLANTA GA

15. I hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 190.03(4)(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 on Block 13 of Block 13 of the filing, or on a subsequent filing with an address.

NAME

STD

STRICKLAND, EDD

STREET ADDRESS

245 PEACHTREE CENTER AVE., SUITE 1100

CITY, ST, ZIP

ATLANTA GA

NAME

VD

CORRIGAN, RICHARD

STREET ADDRESS

245 PEACHTREE CENTER AVE., SUITE 1100

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ATLANTA GA

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