

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90002 006 \*\*\*150.00

DOCUMENT # L39406

1. Corporation Name

LUDWIG I, FLA. CORPORATION



Principal Place of Business

% COFER & BEAUCHAMP  
SUITE 200 99 W. PACES FERRY RD. N.W.  
ATLANTA GA 30305

Mailing Address

% COFER & BEAUCHAMP  
SUITE 200 99 W. PACES FERRY RD. N.W.  
ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1990

4. FEI Number

58-1625974

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suwanee Farms

Suite, Apt. #, etc.

22 19620 NCR 349

City & State

23 O'Brien, FL 32071

Zip Country

24 32071 25 USA

2a. Mailing Address

26 c/o Miller & Martin

Suite, Apt. #, etc.

27 100 Galleria Pkwy Ste 1200

City & State

28 Atlanta, GA

Zip Country

29 30339 30 USA

9. Name and Address of Current Registered Agent

C T 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 D ☐ DELETE  
NAME PREYSING, GRAF  
STREET ADDRESS SCHLOSS NYMPHENBURG 11  
CITY-ST-ZIP MUNICH, W. GERMANY

TITLE D ☐ DELETE  
NAME SCHALL-RIAUCCOUR, GEORG GRAF  
STREET ADDRESS SCHUMANNSTR. 10 8  
CITY-ST-ZIP MUNICH GE

TITLE D ☒ DELETE  
NAME COFER, CARL H.  
STREET ADDRESS 99 W. PACES FERRY RD NW  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS Schloss Numtheburg 11  
1.4 CITY-ST-ZIP Munchen, FL D-MD638 Germany

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VP, D ☐ Change ☒ Addition  
3.2 NAME Thomas J. Harrold, Jr.  
3.3 STREET ADDRESS 100 Galleria Pkwy., Ste 1200  
3.4 CITY-ST-ZIP Atlanta, GA 30339

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Harrold, Jr., VP/Secretary

Date

1-22-99

Daytime Phone #

770-953-8500

CR2E034 (11/98)