

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CP\*

\* CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

1995 MAY - 1 PM 2:58

DOCUMENT # **L95862** (3)

1. Corporation Name  
**FFTD HOLDING CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4200 W CYPRESS ST  
P.O. BOX 20567 ATTN: SUBSIDIARIES  
TAMPA FL 33622**

Mailing Address  
**245 PEACHTREE CENTER AVE.  
SUITE 100  
ATLANTA GA**

**500001490755**

DO NOT WRITE IN THESE SPACES  
05/17/95 01068-018

\*\*\*208-75 \*\*\*208-75

3. Date Incorporated or Qualified **08/23/1980** Date of Last Annual Report **05/01/1994**

2. Principal Place of Business  
**245 Peachtree Center Ave**

2a. Mailing Address

4. FEI Number **65-0224638** Applied For  Not Applicable

22. Suite, Apt. #, etc. **Ste. 1100**

27. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State **Atlanta, GA**

28. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip **30303** 25. Country **USA**

29. Zip

30. Country

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 ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SMARTT, ROBERT L.
STREET ADDRESS	245 PEACHTREE CENTER AVE #1100
CITY-ST-ZIP	ATLANTA GA
TITLE	DV
NAME	CORRIGAN, RICHARD
STREET ADDRESS	245 PEACHTREE CENTER AVE #1100
CITY-ST-ZIP	ATLANTA GA
TITLE	DST
NAME	STRICKLAND, EDD M.
STREET ADDRESS	245 PEACHTREE CENTER AVE #1100
CITY-ST-ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Richard Corrigan</b>
13 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
14 CITY-ST-ZIP	<b>Atlanta, GA. 30303</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>D/VP/AS J. Michael Bargantel</b>
23 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
24 CITY-ST-ZIP	<b>Atlanta, GA. 30303</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>D/ST Deborah Y. Chandler</b>
33 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
34 CITY-ST-ZIP	<b>Atlanta, GA. 30303</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>VP/AS officer only Lamar V. Hallman</b>
43 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
44 CITY-ST-ZIP	<b>Atlanta, GA 30303</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>VP/AS officer only Sandra L. Milton</b>
53 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
54 CITY-ST-ZIP	<b>Atlanta, GA. 30303</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 110.07(3)(k), 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: J. Michael Bargantel 4/25/95 404-280-6365  
SIGNATURE OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last)  
**J. Michael Bargantel, Vice President**