

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M16192

(0)

1. Corporation Name

FLAGLER FEDERAL FINANCE CORP.

Principal Place of Business

245 PEACHTREE CENTER AVE.
STE. #1100
ATLANTA GA 30303
US

Mailing Address

245 PEACHTREE CENTER AVE.
STE. #1100
ATLANTA GA 30303
US

APPROVED
AND
FILED

95 APR 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/03/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0753747

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DAS
NAME STRICKLAND, EDD
STREET ADDRESS 245 PEACHTREE CENTER AVE., #1100
CITY - ST - ZIP ATLANTA GA

TITLE DST
NAME CORRIGAN, RICHARD
STREET ADDRESS 245 PEACHTREE CENTER AVE., #1100
CITY - ST - ZIP ATLANTA GA

TITLE DP
NAME DAVIS, JOSEPH M
STREET ADDRESS 245 PEACHTREE CENTER AVE., #1100
CITY - ST - ZIP ATLANTA GA

TITLE DV
NAME MCQUEEN, JOHN
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

1.1 TITLE VP/AS - officer only
1.2 NAME Deborah V. Chandler
1.3 STREET ADDRESS 245 Peachtree Center Ave Ste 1100
1.4 CITY - ST - ZIP Atlanta, GA - 30303

2.1 TITLE D/ST
2.2 NAME Sandra L. Milton
2.3 STREET ADDRESS 245 Peachtree Center Ave Ste 1100
2.4 CITY - ST - ZIP Atlanta, GA - 30303

3.1 TITLE
3.2 NAME same
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE D/VP/AS
4.2 NAME J. Michael Baranier
4.3 STREET ADDRESS 245 Peachtree Center Ave Ste 1100
4.4 CITY - ST - ZIP Atlanta, GA - 30303

5.1 TITLE VP/AS - officer only
5.2 NAME Lamar V. Hallman
5.3 STREET ADDRESS 245 Peachtree Center Ave Ste 1100
5.4 CITY - ST - ZIP Atlanta, GA - 30303

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Joseph M. Davis
Typed or printed name of signing officer or director
Joseph M. Davis, President

4-19-95 404-230-6386
Date Telephone