FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M94498** **(6)**

1. Corporation Name

TARA HOLDINGS, INC.

Principal Place of Business	Mailing Address
1201 W. PEACHTREE STR. N.E. SUITE 1800 ATLANTA GA 30309-3415 US	1201 W. PEACHTREE STREET N.E SUITE 1800 ATLANTA GA 30309-3415 US

3. Date Incorporated or Qualified: **08/10/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **65-0068215** ☐ 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
SUITE 105
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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	RAY PATRICIA J.		1.2 NAME	Lawrence W. Lockwood	
STREET ADDRESS	1201 W PEACHTREE ST NE SUITE 1800		1.3 STREET ADDRESS	1201 W. Peachtree St., NE, Suite 1800	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Atlanta, GA 30309-3415	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	CUMMMINS MICHAEL G.		2.2 NAME	Charles P. Farrell	
STREET ADDRESS	1201 W PEACHTREE ST NE SUITE 1800		2.3 STREET ADDRESS	1201 W. Peachtree ST., NE, Suite 1800	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Atlanta, GA 30309-3415	
TITLE	D	☒ DELETE	3.1 TITLE	DVS	☐ Change ☒ Addition
NAME	PAYNE RICHARD		3.2 NAME	John P. Rossetti	
STREET ADDRESS	1201 W PEACHTREE ST NE SUITE 1800		3.3 STREET ADDRESS	1201 W. Peachtree ST., NE, Suite 1800	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30309-3415	
TITLE	S	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCKWOOD, LAWRENCE W.		4.2 NAME		
STREET ADDRESS	1201 W. PEACHTREE STREET NE STE 1800		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FERREBEE SUBRENA		5.2 NAME		
STREET ADDRESS	1201 W PEACHTREE ST NE SUITE 1800		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: Lawrence W. Lockwood — 4-16-96 — (404) 817-2667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

Lawrence W. Lockwood, President