FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

(1)

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JAN 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05975 (8)

1. Corporation Name

~~CHARTER-BY-THE-SEA, INC.~~ (Amendment pending)

Charter-By-The-Sea Behavioral Health System

Principal Place of Business	Mailing Address
2927 DEMERE RD ST SIMONS GA 31522 US	577 MULBERRY STREET P.O. BOX 209 MACON GA 31298

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/10/1985	03/08/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 58-1351301 ☐ 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

CT 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	COBERN, JOSEPH M.	1.2 NAME	Cobern, Joseph M
STREET ADDRESS	577 MULBERRY STREET	1.3 STREET ADDRESS	3414 Peachtree Rd, NE, Suite 1900
CITY-ST-ZIP	MACON GA	1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCRAE, GLENN A	2.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	P ☒ Change ☒ Addition
NAME	MCQUEEN, ELBERT T	3.2 NAME	O'Shaughnessy, Jon C,
STREET ADDRESS	577 MULBERRY STREET	3.3 STREET ADDRESS	3414 Peachtree Rd, NE, Suite 1900
CITY-ST-ZIP	MACON GA	3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	RUMPH, H D	4.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCAULEY, JOHN C.	5.2 NAME	800001345248
STREET ADDRESS	577 MULBERRY STREET	5.3 STREET ADDRESS	-02/01/95--01057--008
CITY-ST-ZIP	MACON GA	5.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	FILUSH, JAMES M	6.2 NAME	
STREET ADDRESS	577 MULBERRY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	6.4 CITY-ST-ZIP	CH

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: James M. Filush 1-16-95 (912) 742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title: Secretary — Date — Telephone Number

0003454 CP

ATTACHMENT TO:

1994 CORPORATION ANNUAL REPORT

FOR

CHARTER BY-THE-SEA BEHAVIORAL HEALTH SYSTEM, INC.

ADDITIONAL OFFICERS:

Executive Vice President
Olivia Erbele
2927 Demere Road
St. Simons Island, GA 34208

Vice President
John A. Benner
2929 Demere Road
St. Simons Island, Ga 30208

Treasurer
Charlotte A. Sanford
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
David J. Hansen
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -2 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001401392
-02/03/95--01073--005
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
MONTGOMERY TANK LINES, INC.

DOCUMENT # P07828 (7)

Mailing Address
3108 CENTRAL AVE.
PLANT CITY FL 33567

Principal Place of Business
3108 CENTRAL AVE.
PLANT CITY FL 33567

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 10/22/1985
3a. Date of Last Report: 03/25/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 36-2590063 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BABBITT, ELTON
3108 CENTRAL DRIVE
PLANT CITY FL 33567

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	D/C/O	
1.2 NAME	BABBITT, ELTON	
1.3 STREET ADDRESS	3108 CENTRAL	
1.4 CITY-ST-ZIP	PLANT CITY FL	
2.1 TITLE	V/P/D	
2.2 NAME	SMITH, WILLIAM	
2.3 STREET ADDRESS	3108 CENTRAL	
2.4 CITY-ST-ZIP	PLANT CITY FL	
3.1 TITLE	P/D	
3.2 NAME	O'BRIEN, CHARLES J.	
3.3 STREET ADDRESS	3108 CENTRAL	
3.4 CITY-ST-ZIP	PLANT CITY FL	
4.1 TITLE	V/P/T	
4.2 NAME	BRANDEWIE RICHARD J	
4.3 STREET ADDRESS	3108 CENTRAL DRIVE	
4.4 CITY-ST-ZIP	PLANT CITY FL	
5.1 TITLE	S	
5.2 NAME	KASAK, ROBERT R	
5.3 STREET ADDRESS	3108 CENTRAL	
5.4 CITY-ST-ZIP	PLANT CITY FL	
6.1 TITLE	D	
6.2 NAME	WILKINSON, WALTER	
6.3 STREET ADDRESS	1640 INDEPENDENT CENTER	
6.4 CITY-ST-ZIP	CHARLOTTE NC	

sets 2/c

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Robert R. Kasak 1/23/95 813-254-4725
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE Robert R. Kasak, Secretary/Director (Daytime Phone #)