FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:25

DOCUMENT # **P16032** **(5)**

1. Corporation Name
THE ARBOR COMPANY OF GEORGIA

Principal Place of Business	Mailing Address
1600 CANDLER BUILDING 127 PEACHTREE STREET, N.E. ATLANTA GA 30303-1610	1600 CANDLER BUILDING 127 PEACHTREE STREET, N.E. ATLANTA GA 30303-1610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1987
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 58-1729980 ☐ 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

TERRY, WILLIAM J.
3000 FIRST FLORIDA TOWER
TAMPA FL 33602

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	COSTELLO, M.E.	12 NAME		
STREET ADDRESS	300 N CREEDK, STE 110 3715 NS PKWY	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP		
TITLE	VST	21 TITLE		☐ Change ☐ Addition
NAME	THOMAS, ELLISON	22 NAME		
STREET ADDRESS	300 N CREEK, STE 110 3715 NS PKWY	23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	SCHREEDER, CHARLES L.	32 NAME		
STREET ADDRESS	127 PEACHTREE STREET NE	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FLINT, DAVID H.	42 NAME		
STREET ADDRESS	127 PEACHTREE STREET NE	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WHEELER, WARREN O.	52 NAME		
STREET ADDRESS	127 PEACHTREE STREET NE	53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☒ Change ☐ Addition
NAME	SUDNIK, SUSAN	62 NAME		
STREET ADDRESS	901 SEMINOLE BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	64 CITY-ST-ZIP		
			NO LONGER AN OFFICER OR DIRECTOR	

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: Ellison Thomas — Ellison Thomas
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95 (Date)

404-237-4026 (Daytime Phone #)

0390688 FP