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

APPROVED AND FILED
95 APR 18 PM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25884** **(8)**

1. Corporation Name
APAC-GEORGIA, INC.

Principal Place of Business	Mailing Address
900 ASHWOOD PKWY STE 700 ATLANTA GA 30338 US	900 ASHWOOD PKWY STE 700 ATLANTA GA 30339 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1989
3a. Date of Last Report: 05/01/1994

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

2a. Mailing Address
26: P.O. Box 14000
Suite, Apt. #, etc.
27:
City & State
28: Lexington, KY
Zip 29: 40512 Country 30: US

4. FEI Number: 58-1401468 ☐ 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
SUITE 200
1311 EXECUTIVE CENTER DRIVE
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
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	PD	11 TITLE	President/Director	☒ Change ☐ Addition
NAME	NEWHARD, JACK E.	12 NAME	Christopher B. Lodge	
STREET ADDRESS	3111 PORT COBB DRIVE	13 STREET ADDRESS	3111 Port Cobb Drive	
CITY-ST-ZIP	SMYRNA GA	14 CITY-ST-ZIP	Smyrna GA	
TITLE	VAS	21 TITLE	Asst. Secretary/Asst. Treas	☒ Change ☐ Addition
NAME	WILSON, THOMAS E III	22 NAME	Charles D. Ellis	
STREET ADDRESS	2312 WALDEN DR	23 STREET ADDRESS	3499 Dabney Drive	
CITY-ST-ZIP	AUGUSTA GA	24 CITY-ST-ZIP	Lexington, KY 40509	
TITLE	VAS	31 TITLE		☐ Change ☐ Addition
NAME	WALES, T. CODY	32 NAME		
STREET ADDRESS	1000 ASHLAND DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	RUSSELL KY	34 CITY-ST-ZIP		
TITLE	VAS	41 TITLE		☐ Change ☐ Addition
NAME	BATZEL, T.D.	42 NAME		
STREET ADDRESS	3111 PORT COBB DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	SMYRNA GA	44 CITY-ST-ZIP		
TITLE	TAS	51 TITLE	Asst. Secretary/Asst. Treas.	☒ Change ☐ Addition
NAME	STARR, BILL M	52 NAME		
STREET ADDRESS	3111 PT COBB DR	53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP		
TITLE	ATS	61 TITLE		☐ Change ☐ Addition
NAME	ROBERT E. MEEHAN	62 NAME		
STREET ADDRESS	3340 PEACHTREE RD NE	63 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	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 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: Charles D. Ellis Charles D. Ellis 4-11-95 606/357-7681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300182 FP