

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 # P31791 (7)

1. Corporation Name

AFP FINANCIAL PLANNERS, INC.



Principal Place of Business

Mailing Address

3399 PEACHTREE RD., N.E.  
STE 1000  
ATLANTA GA 30326  
US

3399 PEACHTREE RD N.E.  
STE 1000  
ATLANTA GA 30326  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

11/14/1990

3a. Date of Last Report

02/10/1995

4. FEI Number

75-1597570

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 SOUTH PINE ISLAND RD  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME

D  
SLOVIN, CLIVE  
3399 PEACHTREE RD., N.E., STE. 1000  
ATLANTA GA

STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME

VP  
KILLEN, IVAN  
3399 PEACHTREE RD., N.E., STE. 1000  
ATLANTA GA

STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME

VP  
NELSON, DAVID WM  
3399 PEACHTREE RD NE, STE 1000  
ATLANTA GA

STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME

VPS  
HAMIL, SHARL D.  
3399 PEACHTREE RD NE., STE. 1000  
ATLANTA GA

STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME

T  
COUNTS, MILLICENT  
3399 PEACHTREE RD., N.E., STE 1000  
ATLANTA GA

STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME

D  
LEDBETTER, H. D  
3399 PEACHTREE RD., N.E. STE. 1000  
ATLANTA GA

STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME

1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME

2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME

3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME

4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME

6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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☐ Change ☒ Addition

☐ Change ☒ Addition

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☐ Change ☒ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie Sullivan

Date

2/20/96 404-841-6800

Daytime Phone #

CR2E034 (12/95)