

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90221 029 ***150.00

DOCUMENT # P33014

1. Corporation Name

REALTY MANAGEMENT CORP. OF GEORGIA

Principal Place of Business

1050 CROWN POINTE PKY
STE. 500
ATLANTA GA 30338-7702
US

Mailing Address

1050 CROWN POINTE PKY
STE. 500
ATLANTA GA 30338-7702
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/04/1991

4. FEI Number

58-1799423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

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

TITLE **CEO** ☐ DELETE
NAME **LANE, GEORGE H III**
STREET ADDRESS **1050 CROWN POINTE PKY., STE. 500**
CITY-ST-ZIP **ATLANTA GA 30338-7702**

TITLE **P** ☐ DELETE
NAME **ARMSTRONG, GAIL A**
STREET ADDRESS **1050 CROWN POINTE PKY, STE. 500**
CITY-ST-ZIP **ATLANTA GA 30338-7702**

TITLE **VS** ☐ DELETE
NAME **HARMON, JOYCE B**
STREET ADDRESS **1050 CROWN POINTE PKY. STE. 500**
CITY-ST-ZIP **ATLANTA GA 30338-7702**

TITLE **AVP** ☐ DELETE
NAME **POLYDOROS, GEORGE SR.**
STREET ADDRESS **49 BTRIAR HOLLOW LANE**
CITY-ST-ZIP **HOUSTON TX 77027**

TITLE **AVP** ☐ DELETE
NAME **WEATHERS, WARREN J**
STREET ADDRESS **3314 HENDERSON BOULEVARD, #100H**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ DELETE
NAME **MORRIS, JOHN G**
STREET ADDRESS **3343 PEACHTREE ROAD N.E.**
CITY-ST-ZIP **ATLANTA GA 30326**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Gail A. Armstrong 04/27/99 (770) 668-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)