

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P36135 (2)

1. Corporation Name

AZALEA PROPERTIES, INC.

Principal Place of Business

**30 PERIMETER PARK DR. STE 201
ATLANTA GA 30341**

Mailing Address

**30 PERIMETER PARK DR. STE 201
ATLANTA GA 30341**

3. Date Incorporated or Qualified

10/31/1991

3a. Date of Last Report

03/09/1994

4. FEI Number

58-1966893

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

24

25

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	SCRUGGS, B. DAVID
STREET ADDRESS	30 PERIMETER PK DR #201
CITY - ST - ZIP	ATLANTA GA
TITLE	VD
NAME	THOMAS, CHRISTOPHER J
STREET ADDRESS	30 PERIMETER PK DR #201
CITY - ST - ZIP	ATLANTA GA
TITLE	STD
NAME	TATE, THOMAS J., JR
STREET ADDRESS	30 PERIMETER PK DR #201
CITY - ST - ZIP	ATLANTA GA
TITLE	VD
NAME	WILLIAMS, MARSHALL L
STREET ADDRESS	30 PERIMETER PK DR #201
CITY - ST - ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☒ Change ☐ Addition
1.2 NAME	JOHN S. POELKER	
1.3 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
1.4 CITY - ST - ZIP	ATLANTA, GA 30346	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VSD	☒ Change ☐ Addition
3.2 NAME	THERESE G. FRANZEN	
3.3 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
3.4 CITY - ST - ZIP	ATLANTA, GA 30346	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.06(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a supplemental report with an address.

SIGNATURE:

JOHN S. POELKER

3 4/10/95

404-392-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)