

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB - 2 PM 4: 52

DOCUMENT # **P37010** (6)

1. Corporation Name
WILMA SOUTH MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
780 JOHNSON FERRY RD. SUITE 300 ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/09/1992** 3a. Date of Last Report **01/20/1994**

4. FEI Number **58-1970676** 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

2. Principal Place of Business 2a. Mailing Address
21 **780 Johnson Ferry Road** 26 **780 Johnson Ferry Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 250** 27 **Suite 250**
City & State City & State
23 **Atlanta, GA** 28 **Atlanta, GA**
Zip Country Zip Country
24 **30342** 25 **USA** 29 **30342** 30 **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATE SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	GRAHAM, CHARLES D.
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 300
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	ALLEN, BONA K.
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 300
CITY - ST - ZIP	ATLANTA GA
TITLE	S
NAME	LEONARD, MARY ELLEN
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 300
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	P/D Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles D. Graham
1.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
1.4 CITY - ST - ZIP	Atlanta, GA 30342
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan J. Marsh
2.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
2.4 CITY - ST - ZIP	Atlanta, GA 30342
3.1 TITLE	S Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary Ellen Leonard
3.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
3.4 CITY - ST - ZIP	Atlanta, GA 30342
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *Mary Ellen Leonard* **Mary Ellen Leonard** **2-1-95** **404-252-0070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)