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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90133 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37010

1. Corporation Name
WILMA SOUTH MANAGEMENT CORPORATION



Principal Place of Business 780 JOHNSON FERRY ROAD SUITE 250 ATLANTA GA 30342 US	Mailing Address 780 JOHNSON FERRY ROAD SUITE 250 ATLANTA GA 30342 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **MSC 380 - 1417 Sadler Rd**

Suite, Apt. #, etc.

22

City & State

23 **FERNANDINA Beach, FL**

Zip

24 **32034**

Country

25 **USA**

2a. Mailing Address

27 **MSC 380 - 1417 Sadler Rd**

Suite, Apt. #, etc.

28

City & State

29 **FERNANDINA Beach, FL**

Zip

30 **32034**

Country

31

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAHAM, CHARLES D.	
STREET ADDRESS	1417 SADLER RD - MSC 380	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	

TITLE	V	<input type="checkbox"/> DELETE
NAME	GATINS, SUSAN J	
STREET ADDRESS	1417 SADLER RD - MSC 380	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	

TITLE	S	<input type="checkbox"/> DELETE
NAME	GRAHAM, KAREN S	
STREET ADDRESS	1417 SADLER RD - MSC 380	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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 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: Karen S. Graham - KAREN S. GRAHAM 2/1/99 904-321-4164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)