

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:16

DOCUMENT # P37012 (2)

1. Corporation Name

WILMA SOUTH CORPORATION

Principal Place of Business

780 JOHNSON FERRY RD
SUITE 300
ATLANTA GA 30342

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

58-1970677

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

21 780 Johnson Ferry Road

2a. Mailing Address

26 780 Johnson Ferry Road

Suite, Apt. #, etc.

22 Suite 250

Suite, Apt. #, etc.

27 Suite 250

City & State

23 Atlanta, GA

City & State

28 Atlanta, GA

Zip

24 30342

Country

25 USA

Zip

29 30342

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 P/D
NAME GRAHAM, CHARLES D.
STREET ADDRESS 780 JOHNSON FERRY RD., SUITE 300
CITY, ST, ZIP ATLANTA GA

TITLE V
NAME ALLEN, BONA K.
STREET ADDRESS 780 JOHNSON FERRY RD., SUITE 300
CITY, ST, ZIP ATLANTA GA

TITLE S
NAME LEONARD, MARY ELLEN
STREET ADDRESS 780 JOHNSON FERRY RD., SUITE 300
CITY, ST, ZIP ATLANTA GE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P/D Address ☒ Change ☐ Addition
2. NAME Charles D. Graham
3. STREET ADDRESS 780 Johnson Ferry Road, Suite 250
4. CITY, ST, ZIP Atlanta, GA 30342

2. TITLE V ☐ Change ☒ Addition
3. NAME Susan J. Marsh
4. STREET ADDRESS 780 Johnson Ferry Road, Suite 250
5. CITY, ST, ZIP Atlanta, GA 30342

3. TITLE S Address ☐ Change ☐ Addition
4. NAME Mary Ellen Leonard
5. STREET ADDRESS 780 Johnson Ferry Road, Suite 250
6. CITY, ST, ZIP Atlanta, GA 30342

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. 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)(b), 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 as an attachment with an address.

SIGNATURE:

Mary Ellen Leonard

3-28-95

404-252-0070

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR