FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37852 (1)

1. Corporation Name
WILMA DEVELOPMENT CORPORATION

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1992
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21 780 Johnson Ferry Road
Suite, Apt. #, etc.
22 Suite 250
City & State
23 Atlanta, GA
Zip 24 30342 Country 25 USA

2a. Mailing Address
26 780 Johnson Ferry Road
Suite, Apt. #, etc.
27 Suite 250
City & State
28 Atlanta, GA
Zip 29 30342 Country 30 USA

4. FEI Number: 58-1982538 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D Address	☒ Change ☐ Addition
NAME	BLOEMERS, RUURD	1.2 NAME	Ruurd Bloemers	
STREET ADDRESS	780 JOHNSON FERRY RD,300	1.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	S	2.1 TITLE	V	☐ Change ☒ Addition
NAME	LEONARD, MARY ELLEN	2.2 NAME	Charles D. Graham	
STREET ADDRESS	780 JOHNSON FERRY RD,300	2.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30342	
TITLE		3.1 TITLE	S Address	☒ Change ☐ Addition
NAME		3.2 NAME	Mary Ellen Leonard	
STREET ADDRESS		3.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlanta, GA 30342	
TITLE		4.1 TITLE	V Susan J. Marsh	☐ Change ☒ Addition
NAME		4.2 NAME	780 Johnson Ferry Road, Suite 250	
STREET ADDRESS		4.3 STREET ADDRESS	Atlanta, GA 30342	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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.

SIGNATURE: Mary Ellen Leonard Mary Ellen Leonard 3-17-95 404-252-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003344 CP