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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:16

DOCUMENT # **P40005** **(1)**

1. Corporation Name
WILMA CREEKWOOD WEST, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1992
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 58-2003034	☐ Applied For ☐ Not Applicable
21 780 Johnson Ferry Road	26 780 Johnson Ferry Road		
Suite, Apt. #, etc. 22 Suite 250	Suite, Apt. #, etc. 27 Suite 250	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 30342 / 25 USA	Zip / Country 29 30342 / 30 USA	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 S. PINE ISLAND RD.
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 executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D Address ☒ Change ☐ Addition
NAME	GRAHAM, CHARLES D.	12 NAME	Charles D. Graham
STREET ADDRESS	780 JOHNSON FERRY RD 300	13 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	ALLEN, BONA K.	22 NAME	Susan J. Marsh
STREET ADDRESS	780 JOHNSON FERRY RD 300	23 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	S	31 TITLE	S Address ☒ Change ☐ Addition
NAME	LEONARD, MARY ELLEN	32 NAME	Mary Ellen Leonard
STREET ADDRESS	780 JOHNSON FERRY RD 300	33 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	Atlanta, GA 30342
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 this 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 above, or on an attachment with an address.

SIGNATURE: Mary Ellen Leonard Mary Ellen Leonard 3-28-95 (404) 252-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003140 CP