

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:16

DOCUMENT # P40006

(9)

1. Corporation Name

WILMA CREEKWOOD EAST, INC.

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

08/05/1992

3a. Date of Last Report

02/28/1994

4. FEI Number

58-2003033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 Rd.

2a. Mailing Address

25 780 Johnson Ferry Rd.

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**CD
GRAHAM, CHARLES D.
780 JOHNSON FERRY RD 300
ATLANTA GA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
**P/D
Charles D. Graham
780 Johnson Ferry Road, Suite 250
Atlanta, GA 30342**

Change Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
**V
Susan J. Marsh
780 Johnson Ferry Road, Suite 250
Atlanta, GA 30342**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**S
LEONARD, MARY ELLEN
780 JOHNSON FERRY RD 300
ATLANTA GA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
**S
Mary Ellen Leonard
780 Johnson Ferry Road, Suite 250
Atlanta, GA 30342**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

Change Addition

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:

Mary Ellen Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-95

404-252-0070

Date

Telephone Number