

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004316 (3)

1. Corporation Name

PEACHTREE PROPERTIES, INC.



Principal Place of Business

8850 CAMSHIRE DRIVE
JACKSONVILLE FL 32244

Mailing Address

8850 CAMSHIRE DRIVE
JACKSONVILLE FL 32244

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HALL, JAMES E.
8850 CAMSHIRE DR.
JACKSONVILLE FL 32244-5988

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

04/11/1995

4. FCI Number

~~50-2711010~~ 59-3216313

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

10. Name and Address of New Registered Agent

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 be it acceptable

(If the Registered Agent signature is required, which is not the case)

DATE

12. OF OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HALL, JACQUELINE F.
STREET ADDRESS 8850 CAMSHIRE DRIVE
CITY-STATE-ZIP JACKSONVILLE FL 32244-5988

TITLE STD ☐ DELETE

NAME HALL, JAMES E.
STREET ADDRESS 8850 CAMSHIRE DRIVE
CITY-STATE-ZIP JACKSONVILLE FL 32244-5988

TITLE D ☐ DELETE

NAME FISH, JAMES G. JR.
STREET ADDRESS 4826 MALPAS LANE
CITY-STATE-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1.1 TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1.1 TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1.1 TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1.1 TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1.1 TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/96

904-777-5712

CR2E034 (12/95)