

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

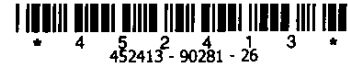
FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90281 026 ***150.00

DOCUMENT # P95000033839 ✓

1. Corporation Name

Connerty International, Inc.



Principal Place of Business Mailing Address
3355 Lenox Road, Suite 600
Atlanta, GA 30326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/1/95

4. FEI Number

59-3315696

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301-2525

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME Hugh H. Connerty, Jr.
STREET ADDRESS 517 Ponte Vedra Blvd.
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Hugh H. Connerty, Jr.
1.3 STREET ADDRESS 517 Ponte Vedra Blvd.
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE T ☐ DELETE
NAME Greg L. Walther
STREET ADDRESS 3355 Lenox Rd., Suite 600
CITY-ST-ZIP Atlanta, GA 30326

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Burley L. Moss
2.3 STREET ADDRESS 3355 Lenox Rd., Suite 600
2.4 CITY-ST-ZIP Atlanta, GA 30326

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME Donald Everts
3.3 STREET ADDRESS 3355 Lenox Rd., Suite 600
3.4 CITY-ST-ZIP Atlanta, GA 30326

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg L. Walther

Date

404-231-4329

Daytime Phone #