

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000094420 (3)

1. Corporation Name

RACS OF ATLANTA, INC.



Principal Place of Business

Mailing Address

426 E. JEFFERSON ST.
ORLANDO FL 32801

126 E. JEFFERSON ST.
ORLANDO FL 32801

3. Date Incorporated or Qualified

12/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 101 S. HALL LANE

26 101 S. HALL LANE

4. FEI Number

59-3352764

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 400

27 STE 400

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 MAITLAND, FL

28 MAITLAND, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 32751

25 USA

29 32751

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

10. Name and Address of New Registered Agent

J. BENNETT GROCOCK, P.A.
126 E. JEFFERSON ST.
ORLANDO FL 32801

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 (Applicable)

(If Applicable, Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME CHARLES E. MORRISON
STREET ADDRESS 101 S. HALL LANE, SUITE 400
CITY - ST - ZIP MAITLAND, FL 32751

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11 TITLE

12 NAME

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32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(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 617, 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

CHARLES E. MORRISON

407-667-4722

Daytime Phone #

Daytime Phone #

CR2E034 (3/96)