

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90101 030 ***150.00

DOCUMENT # P97000016040

1. Corporation Name

S.A. REALTY II, INC.



Principal Place of Business

Mailing Address

~~965 NORTHBRIDGE RD
SUITE 230
ATLANTA GA 30350
US~~

~~365 NORTHBRIDGE RD
SUITE 230
ATLANTA GA 30350
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

59-2294664

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 **3700 MANSELL Rd**

26 **3700 MANSELL Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 140**

27 **SUITE 140**

23 **City & State Alphaeetta GA**

28 **City & State Alphaeetta GA**

24 **Zip 30022**

25 **Country Fulton**

29 **Zip 30022**

30 **Country Fulton**

9. Name and Address of Current Registered Agent

**WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY FL 32401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, HUGH H JR	
STREET ADDRESS	365 NORTHBRIDGE RD, STE 230	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, MARY H	
STREET ADDRESS	365 NORTHBRIDGE RD, STE 230	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3700 MANSELL Rd Suite 140
1.4 CITY-ST-ZIP	Alphaeetta GA 30022
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3700 MANSELL Rd Suite 140
2.4 CITY-ST-ZIP	Alphaeetta, GA 30022
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99

Date

770-998-7000

Daytime Phone #

CR2E034(1/98)