FILE NOW: FILING FEE AFTER MAY 1 IS $116.25

APPROVED AND FILED
95 MAY -1 AM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S49881 (3)

1. Corporation Name
BINK'S FOREST HOLDINGS, INC.

95 MAY -1 AM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
285 PEACHTREE CTR. AVE. STE. 300
ATLANTA GA 30303
US

Mailing Address
P.O. BOX 56766
ATLANTA GA 30303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1991
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 1201 W. Peachtree ST, NE
Suite Apt # or
22 Suite 1800
City, State
23 Atlanta, Georgia
Zip
24 30309-3415
Country
25 US

2a. Mailing Address
26 1201 W. Peachtree ST, NE
Suite Apt # or
27 Suite 1800
City, State
28 Atlanta, Georgia
Zip
29 30309-3415
Country
30 US

4. FEI Number: 65-0263159 ☐ 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 voted to be organized under s. 607.0505 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 30301

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 Section 607.0505, 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. The 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

12. OFFICER(S) AND/OR DIRECTOR(S)	13. ADDITIONS (CHANGES) TO OFFICER(S) AND/OR DIRECTOR(S)
Title: DP Name: RAY, PATRICIA Street Address: 285 PEACHTREE CTR. AVE. STE. 300 City, State, Zip: ATLANTA GA 30303	☐ Change ☐ Addition Title: Name: Street Address: 1201 W. Peachtree ST, NE, Suite 1800 City, State, Zip: Atlanta, Georgia 30309-3415
Title: D Name: CUMMINS, MICHAEL G Street Address: 285 PEACHTREE CTR. AVE. STE. 300 City, State, Zip: ATLANTA GA 30303	☐ Change ☐ Addition Title: Name: Street Address: 1201 W. Peachtree ST, NE, Suite 1800 City, State, Zip: Atlanta, Georgia 30309-3415
Title: DV Name: PAYNE, RICHARD Street Address: 285 PEACHTREE CTR. AVE. STE. 300 City, State, Zip: ATLANTA GA 30303	☐ Change ☐ Addition Title: Name: Street Address: 1201 W. Peachtree ST, NE, Suite 1800 City, State, Zip: Atlanta, Georgia 30309-3415
Title: VS Name: LINDER, DORIS Street Address: 285 PEACHTREE CTR. AVE. STE. 300 City, State, Zip: ATLANTA GA 30303	☐ Change ☐ Addition Title: S Name: LOCKWOOD, LAWRENCE W. Street Address: 1201 W. Peachtree ST, NE, Suite 1800 City, State, Zip: Atlanta, Georgia 30309-3415
Title: T Name: FERREVEE, SUBERNA Street Address: 285 PEACHTREE CTR. AVE. STE. 300 City, State, Zip: ATLANTA GA 30303	☐ Change ☐ Addition Title: T Name: FERREBEE SUBRENA Street Address: 1201 W. Peachtree ST, NE, Suite 1800 City, State, Zip: Atlanta, Georgia 30309-3415
Title: Name: Street Address: City, State, Zip:	☐ Change ☐ Addition Title: Name: Street Address: City, State, Zip:

14. I declare I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an asterisk, or on an attachment with an asterisk.

SIGNATURE: [signature] 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0003367 CP