FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -3 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V06139** **(2)**

1. Corporation Name

WILMA SOUTH REALTY CORPORATION OF FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1350 TRADEPORT DRIVE SUITE 101 JACKSONVILLE FL 32218	780 JOHNSON FERRY RD SUITE 300 ATLANTA GA 30342 US

3. Date Incorporated or Qualified: 01/13/1992 — 3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26 780 Johnson Ferry Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 250
City & State 23	City & State 28 Atlanta, GA
Zip 24 / Country 25	Zip 29 30342 / Country 30 USA

4. FEI Number: 59-3100544 — ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEAVERS, BOBBY SUITE 101 1350 TRADEPORT DRIVE JACKSONVILLE FL 32218	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 _____ (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	Address ☒ Change ☐ Addition
NAME	GRAHAM, CHARLES D.	12 NAME	Charles D. Graham	
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 300	13 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	V	21 TITLE	V	Address ☒ Change ☐ Addition
NAME	BEAVERS, BOBBY L.	22 NAME	Bobby L. Beavers	
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 300	23 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	S	31 TITLE	S	Address ☒ Change ☐ Addition
NAME	LEONARD, MARY ELLEN	32 NAME	Mary Ellen Leonard	
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 300	33 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	Atlanta, GA 30342	
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	Susan J. Marsh	
STREET ADDRESS		43 STREET ADDRESS	780 Johnson Ferry Road, Suite 250	
CITY-ST-ZIP		44 CITY-ST-ZIP	Atlanta, GA 30342	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: Mary Ellen Leonard — Mary Ellen Leonard (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 3-28-95 (Date) — 404-252-0070 (Daytime Phone #)

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