# 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 JAN 23 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V17686** **(9)**

1. Corporation Name
**MONTEGO BAY HOLDING COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| MARQUIS ONE TOWER<br>245 PEACHTREE CENTER AVE., N.E., STE. 1100<br>ATLANTA GA 30303 | MARQUIS ONE TOWER<br>245 PEACHTREE CENTER AVE., N.E., STE. 1100<br>ATLANTA GA 30303 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 03/02/1992 | 3a. Date of Last Report: 03/11/1994 |
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 4. FEI Number: 58-1985795 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| 5. Certificate of Status Desired ☒ | $8.75 Additional Fee Required |
| City & State 23 | City & State 28 |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 / Country 30 |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | RIPPEN, BRUCE A | 1.2 NAME | MILLER, GARY A. (Resigned 12/10/94) |
| STREET ADDRESS | 245 PEACHTREE CEN. AVE., N.E., STE. 1100 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA 30303 | 1.4 CITY-ST-ZIP | |
| TITLE | VSD | 2.1 TITLE | Director, V.P., Asst. Secy ☐ Change ☒ Addition |
| NAME | HIXSON, CHARLES LLOYD | 2.2 NAME | J. Michael Barganier |
| STREET ADDRESS | 245 PEACHTREE CEN. AVE., N.E., STE. 1100 | 2.3 STREET ADDRESS | 245 Peachtree Center Ave., N.E., #1100 |
| CITY-ST-ZIP | ATLANTA GA | 2.4 CITY-ST-ZIP | Atlanta, GA 30303 |
| TITLE | STD | 3.1 TITLE | Director, Secy, Treasurer ☐ Change ☒ Addition |
| NAME | MILLER, GARY A. | 3.2 NAME | Deborah Y. Chandler |
| STREET ADDRESS | 245 PEACHTREE CENTER AVE., N.E. SUITE 1100 | 3.3 STREET ADDRESS | 245 Peachtree Center Ave., N.E., #1100 |
| CITY-ST-ZIP | ATLANTA GA | 3.4 CITY-ST-ZIP | Atlanta, GA 30303 |
| TITLE | STD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER, GARY A | 4.2 NAME | |
| STREET ADDRESS | 245 PEACHTREE CEN. AVE., N.E., STE. 1100 | 4.3 STREET ADDRESS | 200001390532 |
| CITY-ST-ZIP | ATLANTA GA 30303 | 4.4 CITY-ST-ZIP | -01/26/95--01075--011 |
| TITLE | | 5.1 TITLE | ****208.75 ****208.75 ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 if changed, or on an attachment with an address.

1/26/95 MST

**SIGNATURE:** _____ BRUCE A. RIPPEN PRESIDENT 1-18-95 (404) 225-5062
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0003029 CP