

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 MAR -7 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

V17999

BAYBRIDGE HOLDING COMPANY

4000001426204
-03/10/95--01041--018
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
Marquis One Tower 245 Peachtree Center Ave. N.E., Ste 1100 Atlanta, GA 30303		Marquis One Tower 245 Peachtree Ctr Ave., N.E. Ste 1100 Atlanta, GA 30303	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	3/2/92	3/11/1994
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		58-1986756	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		☒	
Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24		Trust Fund Contribution	☐
Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
25		☐ Yes ☐ No	
29		9. Name and Address of Current Registered Agent	
30		10. Name and Address of New Registered Agent	

C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DST ☐ Change ☒ Addition
NAME	RIPPEN, BRUCE A.	1.2 NAME	CHANDLER, DEBORAH Y.
STREET ADDRESS	245 Peachtree Center Ave., N.E.,	1.3 STREET ADDRESS	245 Peachtree Center Ave., N.E.
CITY-ST-ZIP	Ste 1100, Atlanta, GA 30303	1.4 CITY-ST-ZIP	Ste 1100, Atlanta, GA 30303
TITLE	VASD	2.1 TITLE	DVPAS ☐ Change ☒ Addition
NAME	HIKSON, CHARLES LLOYD	2.2 NAME	BARGANIER, J. MICHAEL
STREET ADDRESS	245 Peachtree Center Ave., N.E.	2.3 STREET ADDRESS	245 Peachtree Center Ave., N.E.
CITY-ST-ZIP	Ste 1100, Atlanta, GA 30303	2.4 CITY-ST-ZIP	Ste 1100, Atlanta, GA 30303
TITLE		3.1 TITLE	VASD ☒ Change ☐ Addition
NAME		3.2 NAME	HIKSON, CHARLES L. (Resigned)
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	MILLER, GARY A. ☒ Change ☐ Addition
NAME		4.2 NAME	(Resigned 12/10/94)
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ 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 199.03(9), Florida Statutes. Further, I 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 in an attachment with an address.

SIGNATURE:

Signature, typed or printed name of officer or director

BRUCE A. RIPPEN, DIRECTOR, PRESIDENT

2-27-95

(404)
230-6385