SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V72435** **(3)**

1. Corporation Name

215 SOUTH MONROE STREET INC.

Principal Place of Business	Mailing Address
% STATE BOARD OF ADMINISTRATION 1801 HERITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	C/O EQUITABLE REAL ESTATE 3414 PEACHTREE RD., N.E., STE. 1400 ATLANTA GA 30326 US C/O Equitable Real Estate

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1992	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3147598	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 1150 Lake Hearn Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 400
City & State 23	City & State 28 Atlanta, GA
Zip 24 / Country 25	Zip 29 30342 / Country 30 USA

9. Name and Address of Current Registered Agent

BECK, WILLIAM P
1801 HERMITAGE BLVD.
SUITE 600
TALLAHASSEE FL 32308

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 executing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BENNETT, DOUGLAS W	12 NAME	
STREET ADDRESS	1230 BLOUNTSTOWN HWY	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, TODD A	22 NAME	
STREET ADDRESS	1230 BLOUNTSTOWN HWY	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	P ☐ Change ☐ Addition
NAME	DECOSTA, LALER C.	32 NAME	DeCosta, Laler C.
STREET ADDRESS	3414 PEACHTREE ROAD, N.E., STE. 1400	33 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	Atlanta, GA 30342
TITLE	T	41 TITLE	T ☐ Change ☐ Addition
NAME	RAKEL, SUSAN H.	42 NAME	Snedeker, Patricia
STREET ADDRESS	100 PEACHTREE RD., STE. 2300	43 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	Atlanta, GA 30342
TITLE	S	51 TITLE	S ☐ Change ☐ Addition
NAME	HARRINGTON, EVELYN	52 NAME	Harrington, Evelyn
STREET ADDRESS	3414 PEACHTREE RD., N.E., STE. 1220	53 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP	Atlanta, GA 30342
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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.

SIGNATURE: Patricia Snedeker 7/27/95 407-659-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0122063 FP