

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V72435**

(3)

1. Corporation Name
215 SOUTH MONROE STREET INC.

Principal Place of Business
**% STATE BOARD OF ADMINISTRATION
1801 HERITAGE BLVD. SUITE 600
TALLAHASSEE FL 32308**

Mailing Address
**1150 LAKE HEARN DR
STE 400
ATLANTA GA 30342-1506
US**



2. Principal Place of Business 21 1801 Hermitage Blvd.		2a. Mailing Address 26 P.O. Box 13300		3. Date Incorporated or Qualified 10/20/1992	3a. Date of Last Report 03/07/1996
Suite, Apt. #, etc. 22 Suite 100		Suite, Apt. #, etc.		4. FEI Number 59-3147598	Applied For ☐ Not Applicable
City & State 23 Tallahassee, FL		City & State 28 Tallahassee, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24 32308	Country 25 US	Zip 29 32317-3300	Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					

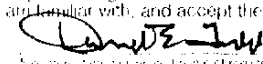
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd.
83 Suite 100
84 City Tallahassee FL 85 Zip Code 32308

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.

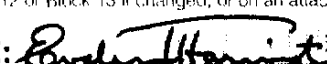
SIGNATURE  **David E. Todd, Assistant General Counsel** /-27-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERITAGE BLVD, STE 600 TALLAHASSEE FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TODD A 1801 HERITAGE BLVD, STE 600 TALLAHASSEE FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECASTA, LALER C. 1150 LAKE HERN DR NE ESTE 400 ATLANTA GA ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNEDEKER, PATRICIA 1150 LAKE HEARN DR NE STE 400 ATLANTA GA ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRINGTON, EVELYN 1150 LAKE HERN DR STE 400 ATLANTA GA ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:  **Evelyn T. Harrington, Secretary** 1/10/97 404/848-8615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012497

CR2E034 (9/96)