FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
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

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

3. Date Incorporated or Qualified: **10/20/1992**
3a. Date of Last Report: **03/07/1996**

2. Principal Place of Business
21 1801 Hermitage Blvd.
22 Suite 100
23 Tallahassee, FL
24 32308 25 US

2a. Mailing Address
26 P.O. Box 13300
27
28 Tallahassee, FL
29 32317-3300 30 US

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

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 1-27-97
(Signature of President or Director of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

CR2E034 (9/96)

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