

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 SUITE 100 TALLAHASSEE FL 32308 US	Mailing Address P O BOX 13300 TALLAHASSEE FL 32317-300 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1992	4. FEI Number 59-3147598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 1801 Hermitage Blvd. Suite, Apt. #, etc. 22 600 City & State 23 Tallahassee, FL Zip 24 32308	2a. Mailing Address 26 1801 Hermitage Blvd. Suite, Apt. #, etc. 27 600 City & State 28 Tallahassee, FL Zip 29 32308	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent

**TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERITAGE BLVD, STE 600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HERITAGE BLVD, STE 600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DECOSTA, LALER C.	
STREET ADDRESS	1150 LAKE HERN DR NE ESTE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SNEDEKER, PATRICIA	
STREET ADDRESS	1150 LAKE HERN DR NE STE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRINGTON, EVELYN	
STREET ADDRESS	1150 LAKE HERN DR STE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Luanne K. Good	
1.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James W. Horton	
2.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Laler C. DeCosta	
3.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 600	
3.4 CITY-ST-ZIP	Atlanta, GA 30326	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William R. Forth	
4.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
4.4 CITY-ST-ZIP	Atlanta, GA 30326	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patricia Snedeker	
5.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
5.4 CITY-ST-ZIP	Atlanta, GA 30326	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Evelyn Harrington	
6.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800	
6.4 CITY-ST-ZIP	Atlanta, GA 30326	

14. I 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: **Douglas W. Bennett, Director**

[Signature] 2/26/98 850-488-4406

CR2E034 (10/97)

ATTACHMENT

**DOCUMENT# V72435 (3)
215 SOUTH MONROE STREET, INC.**

BLOCK 13:

D

**Jeffrey L. Smith
1801 Hermitage Blvd., Suite 600
Tallahassee, FL 32308**

☐Change

☒Addition