


1-50480-1141-0
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 810357 (4)					
1. Corporation Name W.R. BONSAL COMPANY					
Principal Place of Business 8201 ARROWRIDGE BLVD CHARLOTTE NC 28273			Mailing Address 8201 ARROWRIDGE BLVD CHARLOTTE NC 28273		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1955	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-0146420	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BREGAR, JOE 5455 NORTH 59TH STREET TAMPA FL 33610				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number Is Not Acceptable)
				83	
				84	City
				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONSAL, W R, III	1.2 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28273	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHER, J.	2.2 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28273	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, W.	3.2 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28273	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, STUYVESANT B	4.2 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28273	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS JR., JOHN W	5.2 NAME	
STREET ADDRESS	8201 ARROWRIDGE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28273	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	A + CEO
STREET ADDRESS		6.3 STREET ADDRESS	Jacob J. Ferro
CITY-ST-ZIP		6.4 CITY-ST-ZIP	8201 Arrowridge Blvd Charlotte NC 28273

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: _____

SIGNATURE REQUIRED Robinson

1/4/98

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