

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State

1996 5-29-96 B-0637 CORPORATIONS C

DOCUMENT # **846363 (0)**
1. Corporation Name
SUNBELT PROPERTIES OF SOUTH CAROLINA, INC.



Principal Place of Business: **403 WOODS LAKE ROAD, SUITE 204 GREENVILLE SC 29607-2752**
Mailing Address: **% ELLIOTT DAVIS & COLLP P.O. BOX 6286 GREENVILLE SC 29606**

3. Date Incorporated or Qualified: **06/26/1980**
3a. Date of Last Report: **06/15/1995**
4. FEI Number: **57-0685359**
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 (21-24) and Mailing Address (2a-29) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.0532 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 of Registered Agent: *Donald F. Waggoner* Date: *5/22/96*

12. OFFICERS AND DIRECTORS

TITLE	PD	WAGGONER, DONALD F	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		38 NORMANDY DR	
CITY-STATE-ZIP		GREENVILLE SC	
TITLE	SD	WAGGONER, ZELMA L	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		38 NORMANDY DR	
CITY-STATE-ZIP		GREENVILLE SC	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TD	JANETTE WESLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS		306 WATKINS CIR	
14 CITY-STATE-ZIP		TAYLORS, SC 29687	
21 TITLE	PD	WAGGONER DONALD F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS		200 KINGS TOWN DRIVE	
24 CITY-STATE-ZIP		NAPLES, FL 33940	
31 TITLE	SD	WAGGONER, ZELMA L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS		200 KINGS TOWN DRIVE	
34 CITY-STATE-ZIP		NAPLES, FL 33940	
41 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			

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)(k), 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: *Donald F. Waggoner* Donald F Waggoner 5/22/96 (864)987-0000

CR2E034 (12/95)