

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000192 (4)**

1. Corporation Name  
**SPARDEE'S REALTY, INC.**

Principal Place of Business: **203 E. MAIN ST. SPARTANBURG SC 29319**  
Mailing Address: **203 E. MAIN ST. SPARTANBURG SC 29319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/13/1984</b>	3a. Date of Last Report
4. FEI Number <b>58-1864855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101. NAME	P BIGGS, A R 203 E. MAIN ST. SPARTANBURG SC 29319	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102. NAME	SV KIBLER, JAMES R 203 E. MAIN ST. SPARTANBURG SC 29319	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
103. NAME	V MITCHELL, WILLIAM H 203 E. MAIN ST. SPARTANBURG SC 29319	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
104. NAME	VS MOSELEY, GEORGE E 203 E. MAIN ST. SPARTANBURG SC 29319	14. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rhonda J. Parish
105. NAME	VS WYNN, ROBERT L III 203 E. MAIN ST. SPARTANBURG SC 29319	15. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C. Burt Duren
106. NAME	Y BESSENT, KENNETH M 203 E. MAIN ST. SPARTANBURG SC 29319	16. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CFO

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C. Burt Duren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **C. Burt Duren**  
Date: **4/17/95**  
Telephone: **803-597-8000**