

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

**FILED**

**Apr 08 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 # 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 29319-0002**

3. Date Incorporated or Qualified  
**01/13/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>58-1864855</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>CAMPBELL, C. R</b> 203 E. MAIN ST. SPARTANBURG SC	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>SMITH, KENT M</b> 203 E. MAIN ST. SPARTANBURG SC	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE <b>NELL, ROSS B</b> 203 E. MAIN ST. SPARTANBURG SC	3.1 TITLE <b>V P A S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>29319</b>
TITLE <b>VS</b>	<input type="checkbox"/> DELETE <b>PARISH, RHONDA J.</b> 203 E. MAIN ST. SPARTANBURG SC	4.1 TITLE <b>V P S D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>29319</b>
TITLE <b>T</b>	<input type="checkbox"/> DELETE <b>HUTCHISON, RONALD B</b> 203 E. MAIN ST. SPARTANBURG SC	5.1 TITLE <b>V P T D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>29319</b>
TITLE <b>CFO</b>	<input type="checkbox"/> DELETE <b>BESSENT, KENNETH M</b> 203 E. MAIN ST SPARTANBURG SC	6.1 TITLE <b>V P C F D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>David D. Devay</b>	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>29319</b>

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, changed, or in an attachment with an address.

SIGNATURE: *Rhonda J. Parish* **RHONDA J. Parish** 3/31/97 864/597-8000

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010732

CR2E034 (9/96)