


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

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**95 APR 21 PM 1:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002981 (8)**  
1. Corporation Name  
**THE INTEGON NETWORK CORPORATION**

Principal Place of Business <b>500 WEST FIFTH STREET WINSTON-SALEM NC 27152</b>	Mailing Address <b>500 WEST FIFTH STREET WINSTON-SALEM NC 27152</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
Country	30 Country

3. Date Incorporated or Qualified <b>06/08/1984</b>	3a. Date of Last Report
4. FEI Number <b>56-1873473</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, WALTER B	12 NAME	<b>DELETE</b>
STREET ADDRESS	500 WEST FIFTH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC 27152	14 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, WILLIS J JR	22 NAME	
STREET ADDRESS	500 WEST FIFTH STREET	23 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC 27152	24 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSETT, SAM H JR	32 NAME	<b>VSD</b>
STREET ADDRESS	500 WEST FIFTH STREET	33 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC 27152	34 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ALLEN	42 NAME	<b>DELETE</b>
STREET ADDRESS	500 WEST FIFTH STREET	43 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC 27152	44 CITY - ST - ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ROBERT L	52 NAME	<b>DELETE</b>
STREET ADDRESS	500 WEST FIFTH STREET	53 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC 27152	54 CITY - ST - ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ, GARY L	62 NAME	<b>DELETE</b>
STREET ADDRESS	500 WEST FIFTH STREET	63 STREET ADDRESS	
CITY - ST - ZIP	WINSTON-SALEM NC 27152	64 CITY - ST - 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 110.07(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: Sam H. Dorsett, Jr. DATE: 4/12/95 (910) 770-2249  
Signature, typed or printed name of signing officer or director Date (Anytime, please)

F0400002981

**1995 Corporation Annual Report**

**The Integon Network Corporation**  
**Document # F9400002981**

**13. Additions/Changes to Officers and Directors:**

**PD**  
**DAWSON, FREDERICK M.**  
**500 WEST FIFTH ST.**  
**WINSTON-SALEM, NC**

**T**  
**RAINWATER, KEITH S.**  
**500 WEST FIFTH ST.**  
**WINSTON-SALEM, NC**

**VD**  
**WALL, EARL F.**  
**500 WEST FIFTH ST.**  
**WINSTON-SALEM, NC**