COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90012 015 \*\*\*550.00

OCUMENT #	F94000005268

Nest Jones ST. LEICH NC 27903 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/10/1994 Principal Place of Business  2a. Mailing Address 2a Mailing Address 2b	CLINE [	DAVIS ARCHITECTS, PA	<i>:</i>					
Malling Actives  WEST JONES ST. BIGH NC 27803  141 WEST JONES ST. BIGH NC 27803  10/10/1994  10/10/199	-		:			``		
WEST JONES ST.  ### AND JONES ST	cinal Place	of Business	Mailing Address			_		
BIGH NC 27803 RALEGH NC 27803 US    Substance   Substa	•							
Society   Soci								
Principal Place of Business	LLIQIT NO A						DO NOT WRITE IN THIS SPACE	
Place of Business   2a. Mailling Address   5b. 1684780   Applicable For Sb. 1684780   Nat Applicable Sourie, Apt. #, etc.   25 Suite. Apt. #, etc.   27 City & State   Currb'   Scale. Apt. #, etc.   28 Country   28   Scale. Apt. #, etc.   27 City & State   Currb'   Scale. Apt. #, etc.   27 City & State   Currb'   Scale. Apt. #, etc.   27 City & State   Currb'   Scale. Apt. #, etc.   28 Country   28   Scale. Apt. #, etc.   28 Country   28   Scale. Apt. #, etc.   28 Country   28   Scale. Apt. #, etc.   29 Country   Scale. Apt. #, etc.   28 Country   29   No May Be Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Name and Regist							3. Date Incorporated or Qualified	
Place of Business   2a. Mailling Address   5b. 1684780   Applicable For Sb. 1684780   Nat Applicable Sourie, Apt. #, etc.   25 Suite. Apt. #, etc.   27 City & State   Currb'   Scale. Apt. #, etc.   28 Country   28   Scale. Apt. #, etc.   27 City & State   Currb'   Scale. Apt. #, etc.   27 City & State   Currb'   Scale. Apt. #, etc.   27 City & State   Currb'   Scale. Apt. #, etc.   28 Country   28   Scale. Apt. #, etc.   28 Country   28   Scale. Apt. #, etc.   28 Country   28   Scale. Apt. #, etc.   29 Country   Scale. Apt. #, etc.   28 Country   29   No May Be Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Name and Regist							10/10/1994	
Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   Suite   Status Desired   F8.75 Additional   Fee Required   58.75   Suite   Suite   58.75   Suite   Su	Principal P	lace of Business	2a. Mailing Address					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27	•		26		\ <del>-</del>		56-1664790 Not Applicable	
City & State  Country  25  Country  28  Country  29  Country  29  Country  29  30  Country  29  Country  20  Country  20  80  Country  10  Name  Country  10  10  Name  Country  10  Nam	Suite, Apt.	#, etc.					S8.75 Additional	
Trust Fund Confribution							5. Certificate of Status Desired Fee Required	
Zip						6. Election Campaign Financing \$5.00 May Be		
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Addres			28				Trust Fund Contribution	
9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  84 City  Pursuant to the provisions of sections 607.0502 and 607.1508, Florids Statutes. If he 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 submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, section 607.0505, Floridas Statutes. If he above named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, section 607.0505, Floridas Statutes, the above named corporation submits this statement for the purpose of changing its registered affect of registered agent, and familiar with, and accept the obligations of, section 607.0505, Floridas Statutes, the above named corporation submits this statement for the purpose of changing its registered affect of registered agent, and familiar with, and accept the obligations of, section 607.0505, Floridas Statutes and the submits this statement for the purpose of changing its registered affect of the corporation submits this statement for the purpose of changing its registered affect of the corporation submits this statement for the purpose of changing its registered affect of the corporation submits this statement for the purpose of changing its registered affect of the corporation submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose	Zip	Country	Zip	Zip Country			8. This corporation owes the current year	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  Pursuant to the provisions of sections 607,0502 and 607,1608, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I and familiar with, and accept the obligations of, section 607,0505, Florida Statutes.  NATURE  Signature, hyero or printed name of registered agent and tile if agolisates (not Registered Agent Statutes).  **POPE CLINE, GARY D  **POPE CLINE, GARY D  **DAVIS, JEFFREY T  **DAVIS, JEFR		25	29	30	30		Intangible Personal Property. Yes No	
TO CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324    Bay		9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent	
1200 S. PINE ISLAND RD.   83   84   City   FL   85   Zip Code					81	Name		
PLANTATION FL 33324    B4   City   FL   85   Zip Code					02	Street Addre	one (P.O. Boy Number is Not Acceptable)	
Pursuant to the provisions of sections 607.0502 and 607.1508, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, section 607.6508, Floridas Statutes.  NATURE    Supmitive Nation   Prince	120	0 S. PINE ISLAND RD.			02	Sileet Addie	ess (F.O. Box Number is Not Acceptable)	
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 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, 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, or both, in the State of Florida. Statutes.  NATURE    OFFICERS AND DIRECTORS   13.	Pla	NTATION FL 33324			83			
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 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, 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, or both, in the State of Florida. Statutes.  NATURE    OFFICERS AND DIRECTORS   13.								
Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statules, 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 obligations of, section 607.6005, Florida Statutes.  NATURE    Supmitter   Description   Descripti					84	City	FI 85 Zip Code	
agent.   am familiar with, and accept the obligations of, section 607.0905, Florida Statutes   MATURE	Pursuant	to the provisions of sections 607.05	502 and 607.1508, Florida Statut	es, the ab	ove-	named corporation	ation submits this statement for the purpose of changing its registered	
NATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PCLINE, GARY D  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CLINE, GARY D  104 VISTA GREEN CT  CARY NC 27513  14. CITY-ST-ZIP  EVPS DAVIS, JEFFREY T  30 ELM ST.  RALEIGH NC 27604  12. YAME  33. STREET ADDRESS  17. ZIP  PELTON, J E  612 SWIFT AVE  DELETE  13. TITLE  Change Addition  Addition  14. CITY-ST-ZIP  DELETE  15. TITLE  Change Addition  Addition  15. ADDRESS  17. ZIP  DELETE  15. TITLE  Change Addition	agent. I a	im familiar with, and accept the obl	ligations of, section 607.0505, FI	orida Sta	tutes	i.	ing board of an octob, the top about the appearance as a great as	
Signature, typed or printed apper and title if applicable. (MOTE: Rigistated Agant signature required when recircidaling)  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  CLINE, GARY D  CLINE, GARY D  CLINE, GARY D  CLINE, GARY D  CAPY NC 27513  EVPS  DAVIS, JEFFREY T  SOU ELMS ST.  TADDRESS  TADDRESS  TAZEP  VP  DELETE  3.1 TITLE  1.2 TITLE  1.2 TITLE  1.3 TITLE  1.4 TITLE  1.4 TITLE  1.5 TITLE  1.5 TITLE  1.5 TITLE  1.5 TITLE  1.6 TITLE  1.6 TITLE  1.7 TITLE  1.7 TITLE  1.7 TITLE  1.7 TITLE  1.8 TI		•						
P	MATORE.	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTE: Regist	ered A	gent signature requi		
CLINE, GARY D 104 VISTA GREEN CT CARY NC 27513  EVPS DAVIS, JEFFREY T 22 NAME  TADDRESS 17.2IP  FELTON, J E 612 SWIFT AVE DURHAM NC 27701  DELETE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  VP DELETE 2.3 TIME 3.3 STREET ADDRESS 1.7 ZIP  DURHAM NC 27701  DELETE 4.1 TIME 4.2 NAME 4.3 STREET ADDRESS 1.7 ZIP  DELETE 4.1 TIME 4.2 NAME 4.3 STREET ADDRESS 1.7 ZIP  DELETE 4.1 TIME 4.2 NAME 4.3 STREET ADDRESS 1.7 ZIP  DELETE 5.1 TIME 5.3 STREET ADDRESS 1.7 ZIP  DELETE 6.1 TIME 5.3 STREET ADDRESS 1.7 ZIP  DELETE 6.1 TIME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  DELETE 6.1 TIME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  DELETE 6.1 TIME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  DELETE 6.1 TIME 6.4 CITY-ST-ZIP  DELETE 6.1 TIME 6.4 CITY-ST-ZIP  DELETE 6.4 CITY-ST-ZIP  DELETE 6.5 STREET ADDRESS 6.5 STREET ADDRES			AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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T ADDRESS T-ZIP  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  DELETE  6.1 TITLE  Change  Addition  Change  Addition  Addition  T ADDRESS T-ZIP  T ADDRESS T-ZIP  DELETE  6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  Addition  6.7 NAME  6.8 STREET ADDRESS 6.9 STREET ADDRE								
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TADDRESS T-ZIP  DELETE  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS T-ZIP  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 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 supplied and accurate and that my signature shall have the same legal effect as if made under path; that I am								
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T-ZIP  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 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 stated on this approach are 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 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 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 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 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 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 supplied with 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 supplied with the informa		,		6.2 NAME				
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adjointed on this control report of subplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under udit, that i dill	T-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
no officer or director of the corporation of the foceiver by further and a second this report as required by Chapter 607, Florida Statutes; and that my name appears	adioated a	n this appual roport of subplematht	al annual ronget in true and accu	rate and	mat	my signatilite s	shall have the same tegal ellect as it made under datif, did ci dill	
1 Block 12 or Block 13 if changed, or on by attach her) with an address.	n officer o	or director of the corporation or <i>the</i>	receiver pr/trustee empowered i	o execute	e this	report as req	uired by Chapter 607, Florida Statutes; and that my name appears	