


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003606 (7)**

1. Corporation Name
EFFICY GROUP, INC.

Principal Place of Business

**403 WOODS LAKE ROAD, STE 140
GREENVILLE SC 29607**

Mailing Address

**403 WOODS LAKE ROAD, STE 140
GREENVILLE SC 29607**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1997

4. FEI Number

58-2303393

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHORTER, BARNEY R	
STREET ADDRESS	403 WOODS LAKE RD., STE 140	
CITY-ST-ZIP	GREENVILLE SC	

TITLE	V	<input type="checkbox"/> DELETE
NAME	LANGLEY, CHRIS	
STREET ADDRESS	403 WOODS LAKE RD., STE 140	
CITY-ST-ZIP	GREENVILLE SC	

TITLE	V	<input type="checkbox"/> DELETE
NAME	LOVGREN, JACK	
STREET ADDRESS	403 WOODS LAKE RD., STE 140	
CITY-ST-ZIP	GREENVILLE SC	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELMORE, ELLIS A	
STREET ADDRESS	403 WOODS LAKE RD., STE 140	
CITY-ST-ZIP	GREENVILLE SC	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kaye Davis	
1.3 STREET ADDRESS	403 Woods Lake Rd., Ste 140	
1.4 CITY-ST-ZIP	Greenville SC 29607	

2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cheryl Gill	
2.3 STREET ADDRESS	403 Woods Lake Rd. Ste 140	
2.4 CITY-ST-ZIP	Greenville, S.C. 29607	

3.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ellis A. Elmore	
3.3 STREET ADDRESS	403 Woods Lake Rd. Ste 140	
3.4 CITY-ST-ZIP	Greenville, S.C. 29607	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Andrew J. White	
4.3 STREET ADDRESS	75 Beattie Place	
4.4 CITY-ST-ZIP	Greenville SC 29601	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Harry Whittelsey	
5.3 STREET ADDRESS	2940 Expressway Dr. South	
5.4 CITY-ST-ZIP	Islandia, LI, NY 11722	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dr. James A. Hill, Jr.	
6.3 STREET ADDRESS	40 Pointe Circle	
6.4 CITY-ST-ZIP	Greenville, S.C. 29615	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Andrus Nakave* **ANDRUS NAKAVE, SECRETARY**

1-8-98 (864) 675-1125

CP2E034 (10/97)

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Sandra B. Mortham
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Personal Property Tax due June 30. ☒ Yes ☐ No

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TITLE PD
NAME SHORTER, BARNEY R
STREET ADDRESS 403 WOODS LAKE RD., STE 140
CITY-ST-ZIP GREENVILLE SC

TITLE V
NAME LANGLEY, CHRIS
STREET ADDRESS 403 WOODS LAKE RD., STE 140
CITY-ST-ZIP GREENVILLE SC

TITLE V
NAME LOVGREN, JACK
STREET ADDRESS 403 WOODS LAKE RD., STE 140
CITY-ST-ZIP GREENVILLE SC

TITLE TD
NAME ELMORE, ELLIS A
STREET ADDRESS 403 WOODS LAKE RD., STE 140
CITY-ST-ZIP GREENVILLE SC

TITLE
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1.1 TITLE S
1.2 NAME Kaye Davis
1.3 STREET ADDRESS 403 Woods Lake Rd., Ste 140
1.4 CITY-ST-ZIP Greenville SC 29607

2.1 TITLE T
2.2 NAME Cheryl Gill
2.3 STREET ADDRESS 403 Woods Lake Rd. Ste 140
2.4 CITY-ST-ZIP Greenville, S.C. 29607

3.1 TITLE CFO D
3.2 NAME Ellis A. Elmore
3.3 STREET ADDRESS 403 Woods Lake Rd. Ste 140
3.4 CITY-ST-ZIP Greenville, S.C. 29607

4.1 TITLE D
4.2 NAME Andrew J. White
4.3 STREET ADDRESS 75 Beattie Pkce
4.4 CITY-ST-ZIP Greenville SC 29601

5.1 TITLE D
5.2 NAME Harry Whittelsey
5.3 STREET ADDRESS 2940 Expressway Dr. South
5.4 CITY-ST-ZIP Islandia, LI, NY 11722

6.1 TITLE D
6.2 NAME Dr. James A. Hill, Jr.
6.3 STREET ADDRESS 40 Pointe Circle
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SIGNATURE Kaye Davis Secretary

1-8-98 (864)675-1125

CR2E034 (10/97)

DIRECTORS

Kimberly K. Chapman
3720 Benson Drive
Suite 101
Raleigh, N.C. 27609

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CITY - ST - ZIP GREENVILLE SC

TITLE V ☐ DELETE

NAME LOVGREN, JACK

STREET ADDRESS 403 WOODS LAKE RD., STE 140

CITY - ST - ZIP GREENVILLE SC

TITLE TD ☐ DELETE

NAME ELMORE, ELLIS A

STREET ADDRESS 403 WOODS LAKE RD., STE 140

CITY - ST - ZIP GREENVILLE SC

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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