

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90196 003 ***150.00

0010576

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000000205

1. Corporation Name
JEFFERSON-PILOT SPORTS, INC.



Principal Place of Business Mailing Address
100 N. GREENE STREET **100 N. GREENE STREET**
GREENSBORO NC 27401 **GREENSBORO NC 27401**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
01/13/1998
 4. FEI Number Applied For
56-2058765 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing **\$5.00** May Be Added to Fees
 7. Trust Fund Contribution
 8. This corporation owes the current year Intangible Personal Property Tax. Yes 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 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	P	<input type="checkbox"/> DELETE
NAME	HULL, EDWARD M	
STREET ADDRESS	ONE JULIAN PRICE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 27401	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WEATHERLY, JOSEPH E	
STREET ADDRESS	100 N. GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCALISTER, DANIEL K	
STREET ADDRESS	100 N. GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STILL, JOHN T III	
STREET ADDRESS	100 N. GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONE, THERESA M	
STREET ADDRESS	100 N. GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONECIPHER, DAVID A	
STREET ADDRESS	100 N. GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC 27401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VT, D WEATHERLY
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VS, D MCALISTER
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: _____ DAYTIME PHONE #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)