

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # P15438 (5)

1. Corporation Name  
THE FWA GROUP, P.A.



Principal Place of Business: TWO NATIONS BANK PLAZA, 101 S. TRYON ST., CHARLOTTE NC 28280, US  
Mailing Address: TWO NATIONS BANK PLAZA, 101 S. TRYON ST., CHARLOTTE NC 28280, US

3. Date Incorporated or Qualified: 08/03/1987  
3a. Date of Last Report: 04/04/1995  
4. FEI Number: 56-0842904  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: LIVINGSTON, ROBERT E, LIVINGSTON & KALETA, THIRD FL., 150 SE 2ND AVE., MIAMI FL 33131  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: P	NAME: TERRILL, GENE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: TWO NATIONS BANK PLAZA	CITY-ST-ZIP: CHARLOTTE NC	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: VT	NAME: DIXON, CHARLES	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: TWO NATIONS BANK PLAZA	CITY-ST-ZIP: CHARLOTTE NC	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: V	NAME: BAKER, BRYANT	3.1 TITLE: VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: TWO NATIONS BANK PLAZA	CITY-ST-ZIP: CHARLOTTE NC	3.2 NAME: BAKER, BRYANT	
		3.3 STREET ADDRESS: TWO NATIONS BANK PLAZA	
		3.4 CITY-ST-ZIP: CHARLOTTE, NC	
TITLE: V	NAME: SHERRILL, HARRY D	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: TWO NATIONS BANK PLAZA	CITY-ST-ZIP: CHARLOTTE NC	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: VS	NAME: FOUST, WILLIAM F II	5.1 TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: TWO NATIONS BANK PLAZA	CITY-ST-ZIP: CHARLOTTE NC	5.2 NAME: FOUST, WILLIAM F II	
		5.3 STREET ADDRESS: TWO NATIONS BANK PLAZA	
		5.4 CITY-ST-ZIP: CHARLOTTE, NC	
TITLE: V	NAME: MILLER, ROBERT	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: TWO NATIONS BANK PLAZA	CITY-ST-ZIP: CHARLOTTE NC	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 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 119.07(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: CHARLES C. DIXON, JR., AIA, EXEC. V.P. & TREAS. (Signature) 4/4/96 (704) 332-7004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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12. OFFICERS AND DIRECTORS (CONTINUED)

V

MCCALL       STEPHEN    A.  
TWO NATIONS BANK PLAZA  
CHARLOTTE       NC  28280

V

HUND         THOMAS    J.  
10 POPE AVENUE  
HILTON HEAD     SC  29938