

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

FILED
Mar 26 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 # P19783 (0)

1. Corporation Name
BUILDERWAY, INC.

Principal Place of Business 355 WOODRUFF RD SUITE 104 GREENVILLE SC 29607 US	Mailing Address N/A P.O. DRAWER 27107 GREENVILLE SC 29616 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2451 Highway 501 East Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 29 City & State 28 Conway, SC Zip 29 29528 Country 30 US
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3. Date Incorporated or Qualified 06/23/1988	4. FEI Number 57-0754549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAVOY, NEWELL E	
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	LEWIS, DON D II	
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phillips, M.B	
1.3 STREET ADDRESS	2451 Highway 501 East	
1.4 CITY-ST-ZIP	Conway, SC 29526	
2.1 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lewis, Don. D II	
2.3 STREET ADDRESS	2451 Highway 501 East	
2.4 CITY-ST-ZIP	Conway, SC 29526	
3.1 TITLE	Asst T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gehman, W.A. III	
3.3 STREET ADDRESS	2451 Highway 501 East	
3.4 CITY-ST-ZIP	Conway, SC 29526	
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 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 on an attachment with an address.

SIGNATURE: *William A. Gehman III* *William A. Gehman III* 3-20-98 803-349-3343

CR2E034 (10/97)