

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:41

DOCUMENT # 142652

(7)

1. Corporation Name

OLD AVSCO CORP.

Principal Place of Business

3821 NORTH LIBERTY STREET
WINSTON-SALEM GA 27105

Mailing Address

3821 NORTH LIBERTY STREET
WINSTON-SALEM GA 27105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1944

3a. Date of Last Report

04/01/1994

4. FBI Number

59-0522264

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 ~~700 Box 525~~

2a. Mailing Address

26 P.O. Box 525

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ~~Winston-Salem, NC~~

City & State

28 Winston-Salem, NC

Zip

Country

24 27102-0525 25 ~~Smith~~

Zip

Country

29 27102-0525 30 Forsyth

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

see below

Signature (Typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	TAYLOR, JIM A
STREET ADDRESS	3821 N. LIBERTY STREET
CITY, ST, ZIP	WINSTON-SALEM NC 27105
TITLE	SD
NAME	BRANT, R. THEODORE JR.
STREET ADDRESS	1331 1ST AVE., SUITE 109
CITY, ST, ZIP	ALTUNA PA 18601
TITLE	D
NAME	WETHINGTON, JERRY D
STREET ADDRESS	1360 PEACHTREE STREET, SUITE 1430
CITY, ST, ZIP	ATLANTA GA 30309
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
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)(b), 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:

James H. Florence James H. Florence

6/14/95

910-661-5241

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)