

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 435995 (6)

1. Corporation Name

PIEDMONT CORPORATION



Principal Place of Business

**1630 HIGHWAY 243
TOWNVILLE SC 29689**

Mailing Address

**1630 HIGHWAY 243
TOWNVILLE SC 29689**

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

9. Name and Address of Current Registered Agent

**MARQUARDT, C. ANN
3052 SW SUNSET TRACE CIR.
PALM CITY FL 34990**

3. Date Incorporated or Qualified
09/13/1973

3a. Date of Last Report
04/19/1995

4. FET Number
59-1507036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributor ☐

**\$5.00 May Be
Added to Fees**

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

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 607.1606, 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD WRIGHT, GEORGE C.**
STREET ADDRESS **224 JOLLY ROAD**
CITY, ST, ZIP **TOWNVILLE SC**

TITLE ☐ DELETE
NAME **D WRIGHT, KATHLEEN**
STREET ADDRESS **224 JOLLY ROAD**
CITY, ST, ZIP **TOWNVILLE SC**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
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 199.07(3)(a), 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 registered agent or a person authorized to execute this report as set forth 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:

George C. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 864 287 3942
Date Filing Fee

CR2E034 (12/95)