

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

0046900

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 681965

1. Corporation Name  
ABCA, INC.

FILED

99 JAN 19 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
225 WATER ST., 11TH FLOOR  
P. O. BOX 2090  
JACKSONVILLE FL 32231-0010

Mailing Address  
225 WATER ST., 11TH FLOOR  
P. O. BOX 2090  
JACKSONVILLE FL 32231-0010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/13/1980

4. FEI Number  
59-1635082

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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

Troy Todd

1-18-99

Signature of and print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME MILLER, JERRY M JR  
STREET ADDRESS 301 S COLLEGE ST  
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE S  
1.2 NAME Keith D. Lembo  
1.3 STREET ADDRESS 301 S. College St.  
1.4 CITY-ST-ZIP Charlotte, NC 28288

TITLE D  
NAME HODNETT, BRYON E  
STREET ADDRESS 225 WATER ST.  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE D  
2.2 NAME marion A. Cowell, Jr.  
2.3 STREET ADDRESS 301 S. College St.  
2.4 CITY-ST-ZIP Charlotte, NC 28288

TITLE D  
NAME WERTZ, LARRY J.  
STREET ADDRESS 225 WATER ST.  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE D  
3.2 NAME Edward E. Crutchfield  
3.3 STREET ADDRESS 301 S. College St.  
3.4 CITY-ST-ZIP Charlotte NC 28288

TITLE D  
NAME MITCHELL, JOHN A., III  
STREET ADDRESS 225 WATER ST.  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE D  
4.2 NAME John R. Georgius  
4.3 STREET ADDRESS 301 S. College St.  
4.4 CITY-ST-ZIP Charlotte, NC 28288

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/14/99

704-374-6611

CR2E034 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 102302 167868A

AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 150.00

ORDER DATE : January 18, 1999

ORDER TIME : 9:56 AM

ORDER NO. : 102302-015

CUSTOMER NO: 167868A

CUSTOMER: Lisa P. Clontz, Legal Asst  
First Union Corporation  
One First Union Ctr  
Legal Dept. - 31st Floor  
Charlotte, NC 28288

ANNUAL REPORT FILING

NAME: ABCA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

EXAMINER'S INITIALS: \_\_\_\_\_

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