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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

· ·	VIEN 1 # 82/213	(U)					
Principal Place of Business		Mailing Address			1 (40010) 140114 (4010 (4000 1400) 1100 (1101)	TANDI ALBIN AKAN ESPI	I OTOT OLOTA HOOL
1233 NORTH CHURCH STREET P. O. BOX 1619 ROCKY MOUNT NC 27802-1619		1233 NORTH CHURCH STREET P. O. BOX 1619 ROCKY MOUNT NC 27802-1619					
					<ol> <li>Date Incorporated or Qualified</li> <li>12/22/1971</li> </ol>	3a. Date of L 01/30/19	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	тарист от	
21) Suite, Apt. #, etc		Suite. Apt. #, etc.			56-0732584   Not Applicable   \$8,75 Additional		
22		27			5. Certificate of Status Desired		ee Required
City & State		City & State		6. Election Campaign Financing	\$5	5.00 May Be	
23		28		Trust Fund Contribution	☐ Ac	dded to Fees	
Zip	Country	Zip Countr		У.	8. This corporation has liability for i		der s. 199.032,
24	25 9. Name and Address of Curren	29	30		Florida Statutes LK  10. Name and Address of New Re	Yes No	-
		it vedizieled Adeur	8	Name	10, Name and Address of New Re	Jistered Agent	
	CORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			8:	2 Street	Address (P.O. Box Number is Not Acceptab	de)	
FLANTATION FL 33324			8:	3			
			84	4 City		FL 85	Zip Code
office or r	to the provisions of Sections 607.050 eg.stered agent, or both, in the State m familiar with, and accept the oblig.	of Florida. Such change wa	as authorized b	by the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of chang	ging its registered ant as registered
SIGNATURE							
	Signature Types) or protect name or registered age			gent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	CTODE (N. 12
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFIC	Ch	
NAME	CONDON, BREEN O.					<del></del>	
STREET ADDRESS	3541 MANSFIELD DR.	<b>_</b>		ET ADDRESS			
CITY - ST - ZIP	COLOU MACHINE MO		1.4 CITY				
TITLE	TD	DELETE 2.1				☐ Ch	nange Addition
NAME	STRICKLAND, NANCY S.	TRICKLAND, NANCY S. 22					
STREET ADDRESS	104 CLAREMONT CT			ET ADDRESS			
CITY - ST - ZIP	ROCKY MOUNT NC	The state of the s		- \$1 - 212			
TOTALE	C	L DELETE 3.1 T				☐ Ch	nange [] Addition
NAME	AUTRY, ROBERT F.		3.2 NAME	:			
STREET ADDRESS	103 WINDCHASE DRIVE			ET ADDRESS			
CITY-ST-ZIP	ROCKY MOUNT NC	M DELETE	3,4 CITY		President/CEO		55 3400
TITLE	V ALCONING OFFICE	X DELETE	4.1 TITLE		H. Steve McManus	∭ Cr	nange 🗶 Addition
NAME	MCGINNIS, GERALD L.		4 2 NAM		1601 Rivera Drive		
STREET ADDRESS	803 BEECHTREE DRIVE			ET ADDRESS	Rocky Mount, NC 27803		l
CITY - ST - ZIP TITLE			4.4 City 5.1 Tifle		SVP/Controller	k x Cl	nange
NAME	SPEED, JAMES H. JR.	terred or mitch 1 to	5.2 NAME			***	
STREET ADDRESS	12613 SHALLOWFORD DR.		1	ET ADDRESS			ĺ
CITY - ST - ZIP	RALEIGH NC		5.4 CITY				
TITLE	VD	DELETE	6.1 TITLE			Cr	nange 🔲 Addition
NAME.	HALL, RICHARD L.		6.2 NAMI				

14. I do 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 Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

125 STEEPLECHASE RD

**ROCKY MOUNT NO** 

STREET ADDRESS

CITY-ST-Z#

James H. Speed, Jr.

**FILED** 

Jan 17 1997 8:00am

Secretary of State