

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90031 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 844573**

1. Corporation Name

**THE LANDMARKS GROUP GENERAL CORPORATION**

Principal Place of Business:

121 W TRADE ST. STE 1900  
ATTN: LEGAL DEPT  
CHARLOTTE NC 28202  
US

Mailing Address:

121 W. TRADE ST., STE 1900  
ATTN: LEGAL DEPT.  
CHARLOTTE NC 28202  
US

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

**11/09/1979**

4. FEI Number

**58-1275875**

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:

21 121 W TRADE STE 2550  
22 CHARLOTTE NC  
23 28202 USA

2a. Mailing Address

26 121 W TRADE STE 2550  
27 CHARLOTTE NC  
28 28202 USA

24 25 29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE 105  
TALLAHASSEE FL 32301

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 607.1508, 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

Signature, typed or printed 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 DC ☐ DELETE

NAME FAISON, HENRY J  
STREET ADDRESS 121 W. TRADE ST., STE 1900  
CITY-ST-ZIP CHARLOTTE NC 28202

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 121 W TRADE STE 2550  
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE

NAME NORWOOD, PHILIP W  
STREET ADDRESS 121 W. TRADE ST., STE 1900  
CITY-ST-ZIP CHARLOTTE NC 28202

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 121 W TRADE STE 2550  
2.4 CITY-ST-ZIP

TITLE VTS ☐ DELETE

NAME WHITAKER, BILLIE R  
STREET ADDRESS 121 W. TRADE ST., STE 1900  
CITY-ST-ZIP CHARLOTTE NC 28202

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 121 W TRADE STE 2550  
3.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

NAME ALLEN S JACKSON JR  
STREET ADDRESS 121 W. TRADE ST., STE 1900  
CITY-ST-ZIP CHARLOTTE NC 28202

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 121 W TRADE STE 2550  
4.4 CITY-ST-ZIP

TITLE AS ☒ DELETE

NAME SPEED, ELIZABETH M  
STREET ADDRESS 121 W. TRADE ST., STE 1900  
CITY-ST-ZIP CHARLOTTE NC 28202

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS AS  
DIANE K HUNTER  
121 W TRADE STE 2550  
5.4 CITY-ST-ZIP CHARLOTTE NC 28202

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*Diane K. Hunter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Diane K. Hunter** ASSISTANT SECRETARY

4-26-99

Date

704-972-2500

Daytime Phone #