

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

**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 FEB 13 AM 11:16

DOCUMENT # 846713 (6)
1. Corporation Name
PIEDMONT OLSEN HENSLEY, INC.

Principal Place of Business Mailing Address
**420 EAST PARK AVENUE
P.O. BOX 1717
GREENVILLE SC 29602**

EXACTLY WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation	3a. Date of Last Report
21		2b. <i>PO Box 1717</i>		08/13/1980	08/25/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For Not Applicable
23. City & State		28. <i>GREENVILLE SC</i>		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
<i>29602</i>		<i>29602</i>		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	85

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 this if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYETTE, JOHN V JR	1.2 NAME	
STREET ADDRESS	122 HILLSBOROUGH DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	GREENVILLE SC	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, GEORGE W	2.2 NAME	Sr. V/S/D C. A. Tucker
STREET ADDRESS	26 SELWYN DRIVE	2.3 STREET ADDRESS	4 Hidden Hills Court
CITY- ST- ZIP	GREENVILLE SC	2.4 CITY- ST- ZIP	Greenville SC 29605
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGMON, WILLIAM H.	3.2 NAME	Ex. V/D J. T. Skinner
STREET ADDRESS	3617 ALAMANCE DRIVE	3.3 STREET ADDRESS	120 Laurel Oak Trail
CITY- ST- ZIP	FALEIGH NC	3.4 CITY- ST- ZIP	Simpsonville SC 29681
TITLE	VSD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTING, WILLIAM	4.2 NAME	Ex. V/D J. L. Zimmerman, Jr.
STREET ADDRESS	43 CRAIGWOOD RD.	4.3 STREET ADDRESS	103 Parkview Circle
CITY- ST- ZIP	GREENVILLE SC	4.4 CITY- ST- ZIP	Cary NC 27511
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTEY J.A.	5.2 NAME	
STREET ADDRESS	895 EDGEWATER DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	5.4 CITY- ST- ZIP	
TITLE	VTD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, C P	6.2 NAME	
STREET ADDRESS	214 CHATEAU DR.	6.3 STREET ADDRESS	
CITY- ST- ZIP	GREENVILLE SC	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 199.07(9)(k), 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 fusion empowereed to execute this report as required by Chapter 137, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *C P PIERCE* (Signature typed or printed name of signing officer or director) *1/9/95* *803-242-1717*