FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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	P O BOX 1717 P.O. BOX 1717 GREENVILLE SC 29602 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: **08/13/1980**

3a. Date of Last Report: **02/13/1995**

4. FEI Number: **57-0373224** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	BOYETTE, JOHN V JR		2 NAME		
STREET ADDRESS	122 HILLSBOROUGH DR		3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		4 CITY-ST-ZIP		
TITLE	SVSD	☐ DELETE	21 TITLE	SVS	☒ Change ☐ Addition
NAME	TUCKER, C. A		22 NAME		
STREET ADDRESS	4 HIDDEN HILLS COURT		23 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		24 CITY-ST-ZIP		
TITLE	EVD	☐ DELETE	31 TITLE	EV	☒ Change ☐ Addition
NAME	SKINNER, J. T		32 NAME		
STREET ADDRESS	120 LAUREL OAK TRAIL		33 STREET ADDRESS		
CITY-ST-ZIP	SIMPSONVILLE SC		34 CITY-ST-ZIP		
TITLE	EVD	☐ DELETE	41 TITLE	EV	☒ Change ☐ Addition
NAME	ZIMMERMAN, J. L JR		42 NAME		
STREET ADDRESS	103 PARKVIEW CIRCLE		43 STREET ADDRESS		
CITY-ST-ZIP	CARY NC		44 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HASTEY J.A.		52 NAME		
STREET ADDRESS	895 EDGEWATER DR.		53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		54 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	61 TITLE	VT	☒ Change ☐ Addition
NAME	PIERCE, C P		62 NAME		
STREET ADDRESS	214 CHATEAU DR.		63 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		64 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 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 added by this amendment with an address.

SIGNATURE: C. V. Pierce 3/27/96 864-242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)