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FILED  
Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F92000000854 (1)

1. Corporation Name

GABK HOLDINGS, INC.



Principal Place of Business

TWO FIRST UNION CENTER, NC0200  
CHARLOTTE NC 28288

Mailing Address

TWO FIRST UNION CENTER, NC0200  
CHARLOTTE NC 28288

3. Date Incorporated or Qualified  
12/22/1992

3a. Date of Last Report  
05/16/1996

4. FEI Number

56-1778670

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 ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 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 of the person who is the registered agent and files this report)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	HOWARD, JAMES S	
STREET ADDRESS	999 PEACHTREE STREET	
CITY, ST, ZIP	ATLANTA GA	
TITLE	V	DELETE
NAME	GLORIA THOMPSON	
STREET ADDRESS	TWO FIRST UNION CENTER, NC0200	
CITY, ST, ZIP	CHARLOTTE NC	
TITLE	S	DELETE
NAME	MILLER, JERRY M	
STREET ADDRESS	ONE FIRST UNION CENTER, NC0630	
CITY, ST, ZIP	CHARLOTTE NC	
TITLE	T	DELETE
NAME	JAMES H HATCH	
STREET ADDRESS	TWO FIRST UNION CENTER, NC0200	
CITY, ST, ZIP	CHARLOTTE NC	
TITLE	D	DELETE
NAME	EDWARD E CRUTCHFIELD	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY, ST, ZIP	CHARLOTTE NC	
TITLE	D	DELETE
NAME	JOHN R GEORGIUS	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY, ST, ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Change	Addition
1.2 NAME	Robert B. Shenkman		
1.3 STREET ADDRESS	214 N. Hogan Street		
1.4 CITY-ST-ZIP	Jacksonville, FL 32202		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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

SIGNATURE:

Robert B. Shenkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

Date

(904) 361-1568

Daytime Phone #

CR2E034 (9/96)