

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F93000002320**
1. Corporation Name
FACTORY STORES OF AMERICA INC

Principal Place of Business Mailing Address
230 N. EQUITY DRIVE PO BOX 1395
SMITHFIELD NC 27577 SMITHFIELD NC
27577

2. Principal Place of Business 2a. Mailing Address
21 **230 N EQUITY DRIVE** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **SMITHFIELD NC** 28
Zip Country Zip Country
24 **27577** 25 **USA** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
05/18/1993 **2/28/94**
4. FEI Number Applied For
56-1819372 Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution 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 SOUTH PINE ISLAND RD
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN + CEO
NAME	J. DIXON FLEMING JR.
STREET ADDRESS	230 N. EQUITY DR.
CITY - ST - ZIP	SMITHFIELD NC 27577
TITLE	PRESIDENT + COO
NAME	C. CAMMACK MORTON
STREET ADDRESS	230 N. EQUITY DR.
CITY - ST - ZIP	SMITHFIELD NC 27577
TITLE	DIRECTOR
NAME	JOHN M. SLOCUM
STREET ADDRESS	230 N. EQUITY DR
CITY - ST - ZIP	SMITHFIELD NC 27577
TITLE	DIRECTOR
NAME	ROBERT O. AMICK
STREET ADDRESS	PO BOX 1009 N
CITY - ST - ZIP	SMITHFIELD NC 27577
TITLE	DIRECTOR
NAME	J. RICHARD FUTRELL JR
STREET ADDRESS	217 COBBLESTONE COURT
CITY - ST - ZIP	ROCKY MOUNT NC 27804
TITLE	DIRECTOR
NAME	THEODORE E HAIGLER JR.
STREET ADDRESS	3304 LANDOR ROAD
CITY - ST - ZIP	RALEIGH NC 27609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Cammack Morton

5-3-96

919-934-9446

Date

Daytime Phone #

APPROVED
AND
FILED

1996 MAY 15 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

WSP
5/2/96