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Mar 31 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 # F93000002320 (0)

1. Corporation Name  
FAC REALTY, INC.



Principal Place of Business

230 N EQUITY DRIVE  
SMITHFIELD NC 27577  
US

Mailing Address

PO BOX 1395  
SMITHFIELD NC 27577-1395  
US

3. Date Incorporated or Qualified 05/18/1993  
3a. Date of Last Report 05/21/1996

2. Principal Place of Business

21 11000 Regency Parkway  
Suite, Apt. #, etc.

22 Third Floor, East Tower  
City & State

23 Cary, NC

24 27511

25 US

2a. Mailing Address

26 11000 Regency Parkway  
Suite, Apt. #, etc.

27 Third Floor, East Tower  
City & State

28 Cary, NC

29 27511

30 US

4. FEI Number 56-1819372  
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

C T CORPORATION SYSTEM  
1200 SOUTH 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

Sign in ink, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	FLEMING, DIXON J JR.	
STREET ADDRESS	230 N. EQUITY DR.	
CITY-ST-ZIP	SMITHFIELD NC 27577	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	MORTON, CAMMACK C	
STREET ADDRESS	230 N EQUITY DRIVE	
CITY-ST-ZIP	SMITHFIELD NC 27577	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLOCUM, JOHN M	
STREET ADDRESS	230 N EQUITY DRIVE	
CITY-ST-ZIP	SMITHFIELD NC 27577	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMICK, ROBERT O	
STREET ADDRESS	P.O. BOX 1009 N/A	
CITY-ST-ZIP	SMITHFIELD NC 27577	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTRELL, RICHARD J JR.	
STREET ADDRESS	217 COBBLESTONE COURT	
CITY-ST-ZIP	ROCKY MOUNT NC 27804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAGLER, THEODORE E JR.	
STREET ADDRESS	3304 LANDOR ROAD	
CITY-ST-ZIP	RALEIGH NC 27609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	11000 Regency Parkway, Suite 300	
1.4 CITY-ST-ZIP	Cary, NC 27511	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	11000 Regency Parkway, Suite 300	
2.4 CITY-ST-ZIP	Cary, NC 27511	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robin W. Malphrus	
3.3 STREET ADDRESS	11000 Regency Parkway, Suite 300	
3.4 CITY-ST-ZIP	Cary, NC 27511	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

(919) 462-8787

Date

Daytime Phone #

CR2E034 (9/96)