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 # **F94000000595 (8)**

1. Corporation Name

OAKWOOD LAND DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2202 O'BRIEN ST. P.O. BOX 77013 GREENSBORO NC 27417	2202 O'BRIEN ST. P.O. BOX 77013 GREENSBORO NC 27417

3. Date Incorporated or Qualified: 02/08/1994

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2225 S. Holden Rd.
Suite, Apt #, etc.
22: S
City & State
23: Greensboro, NC
Zip 24: 27417 Country 25: Guilford

2a. Mailing Address
26: 2225 S. Holden Rd.
Suite, Apt #, etc
27:
City & State
28: Greensboro, NC
Zip 29: 27417 Country 30: Guilford

4. FEI Number: 56-0487769 ☐ 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
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 607.1502, 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 filing) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ST. GOERGE, NICHOLAS J		1.2 NAME		
STREET ADDRESS	2225 S. HOLDEN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL, A S		2.2 NAME		
STREET ADDRESS	2225 S. HOLDEN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASTERLINE, JAMES D		3.2 NAME		
STREET ADDRESS	2225 S. HOLDEN RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		3.4 CITY-ST-ZIP		
TITLE	VPTS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MUIR, DOUGLAS R		4.2 NAME		
STREET ADDRESS	2225 S. HOLDEN RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		4.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KILBOURNE, C M		5.2 NAME		
STREET ADDRESS	2225 S. HOLDEN RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: Douglas R. Muir — 6/3/96 — 910-664-2400

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

CR2E034 (12/95)