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

APPROVED AND FILED
95 MAR 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003190 (5)**

1. Corporation Name
ANCHOR CONTINENTAL, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER G COLUMBIA SC 29250	P.O. DRAWER G COLUMBIA SC 29250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:

2. Principal Place of Business 21 2000 South Beltline Blvd.	2a. Mailing Address 26	4. FEI Number 57-0840230	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Columbia, SC	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 29205 / 25 USA	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	CD	☐ Change ☒ Addition
NAME	HAYES, LACY L III	1.2 NAME	Burdick, Walton E.	
STREET ADDRESS	2000 S. BELTLINE BLVD.	1.3 STREET ADDRESS	20 Meetinghouse Road	
CITY-ST-ZIP	COLUMBIA SC 29205	1.4 CITY-ST-ZIP	Bedford Corners, NY 10549	
TITLE	VTD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCCORMACK, JACQUES E	2.2 NAME	Britt, Stephen J.	
STREET ADDRESS	2000 S. BELTLINE BLVD.	2.3 STREET ADDRESS	2000 South Beltline Blvd.	
CITY-ST-ZIP	COLUMBIA SC 29205	2.4 CITY-ST-ZIP	Columbia, SC 29205	
TITLE	VSD	3.1 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, G. MICHAEL	3.2 NAME		
STREET ADDRESS	2000 S. BELTLINE BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC 29205	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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: _____ Jacques E. McCormack 3/17/95 (803)799-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0486648 FN