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FILED

Apr 04 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 # F95000003553 (3)

1. Corporation Name  
FLAGSTAR ENTERPRISES, INC.

Principal Place of Business  
600 SHELL LANE  
SPARTANBURG SC 29302

Mailing Address  
600 SHELL LANE  
SPARTANBURG SC 29307-5436



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
07/24/1995-8/23/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number  
58-0900036

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KENT M	
STREET ADDRESS	1116 WOODBURN ROAD	
CITY- ST- ZIP	SPARTANBURG SC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, C. R	
STREET ADDRESS	290 INDIAN CREEK ROAD	
CITY- ST- ZIP	SPARTANBURG SC	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PARISH, RHONDA J	
STREET ADDRESS	355 TWIN OAKS DRIVE	
CITY- ST- ZIP	SPARTANBURG FL	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	HUTCHISON, RONALD B	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NELL, ROSS B	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG FL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	BESSENT, KENNETH M	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Craig S. Bushey	
1.3 STREET ADDRESS	203 East main st.	
1.4 CITY- ST- ZIP	SPARTANBURG, SC 29319	
2.1 TITLE	SRVP AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	203 East main St.	
2.4 CITY- ST- ZIP	SPARTANBURG, SC 29319	
3.1 TITLE	D VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	203 East main st	
3.4 CITY- ST- ZIP	SPARTANBURG, SC 29319	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP	SC 29319	
5.1 TITLE	VP AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP	SC 29319	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	David O. Devoy	
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP	SC 29319	

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010728

CR2E034 (9/96)