

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000005954**

1. Corporation Name

Belk Acquisition Company, Inc.

Principal Place of Business

Mailing Address

Belk Acquisition Company, Inc.
2801 West Tyvola Road
Charlotte NC 28217-4500

Same

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

Bergren, Byron
Belk-Lindsey Group Office
1312 N. Main Street
Gainesville FL 32601

3. Date Incorporated or Qualified

3a. Date of Last Report

06-19-95

4. FEI Number

Applied For

56-1931092

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

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 607.1504, 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 of person authorized to sign this statement on behalf of the corporation

Signature of Registered Agent (Signature required for change of registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **Belk, John M.**
CITY-STATE-ZIP **2801 W. Tyvola Rd**
Charlotte NC

TITLE ☐ DELETE
NAME **PTAS**
STREET ADDRESS **Belk, Thomas M.**
CITY-STATE-ZIP **2801 W. Tyvola Rd**
Charlotte NC

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **Glenn, J. Kirk**
CITY-STATE-ZIP **2801 W. Tyvola Rd**
Charlotte NC 28217

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **Moore, Luther T.**
CITY-STATE-ZIP **2801 W. Tyvola Rd**
Charlotte NC

TITLE ☐ DELETE
NAME **Treasurer**
STREET ADDRESS **Berry, James M**
CITY-STATE-ZIP **2801 W. Tyvola Rd**
Charlotte NC 28217

TITLE ☐ DELETE
NAME **2ndAT**
STREET ADDRESS **Richard Amacher**
CITY-STATE-ZIP **2801 W Tyvola Rd**
Charlotte NC 28217

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

500001844245
-05/30/96--01033--029
*****225.00**

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 113.07(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: **Luther T. Moore, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/96

704-357-1000

Printing Name

CR2E034 (12/95)