

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001284

1. Corporation Name
HOMEGOLD, INC.

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90081 033 ***150.00



Principal Place of Business

ATTN: CORP. TAX DEPT.
3901 PELHAM ROAD
GREENVILLE SC 29615
JS

Mailing Address

ATTN: CORP. TAX DEPT.
3901 PELHAM ROAD
GREENVILLE SC 29615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

57-3324910

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 owes the current year intangible
Personal Property Tax. ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
GIDDENS, KEITH
15 S. MAIN ST., STE 750
GREENVILLE SC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCP
CANUPP, DENNIS
208 GARVIN ST
PICKENS SC 29671

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COX, J. PHIL
50 DATASTREAM PLAZA, STE 201
GREENVILLE SC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MAST, KEVIN
15 S. MAIN ST, SUITE 750
GREENVILLE SC 29601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DRUMMOND, NANCY
15 S MAIN ST STE 750
GREENVILLE SC 29601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBERSON, GEORGE
50 DATASTREAM PLAZA, STE 100
GREENVILLE SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3901 Pelham Rd.

Greenville, S.C. 29615

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3901 Pelham Rd.

Greenville, S.C.

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Mark Keegan

3901 Pelham Road

Greenville, S.C. 29615

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3901 Pelham Rd.

Greenville, S.C. 29615

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3901 Pelham Rd.

Greenville, S.C. 29615

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

John Sterling Jr

3901 Pelham Rd

Greenville, S.C. 29615

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-99