

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 # F97000003021

1. Corporation Name
EQUIFIRST CORPORATION

Principal Place of Business
820 FOREST POINT CIRCLE
CHARLOTTE NC 28273

Mailing Address
820 FOREST POINT CIRCLE
CHARLOTTE NC 28273

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90106 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

56-1704428

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
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 607.1508, 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

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BRADLEY, CHARLES W	
STREET ADDRESS	9524 WHITETHORN DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MOORE, HUGH C	
STREET ADDRESS	5423 PIPER GLEN DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUSH, F B	
STREET ADDRESS	4826 ADDISON DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ACUFF, JAMES L	
STREET ADDRESS	8655 WALSHAM DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LEWIS, ANGELA B	
STREET ADDRESS	9120 C NOLLEY COURT	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2800 Rosegate Lane
1.4 CITY-ST-ZIP	Charlotte, NC 28270
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

704-679-4456

Daytime Phone #

CR2E034 (11/98)