· En E	NOW- FILING F	FF AFTFR M	AV 1ST IS	\$550 00		•		* ** ** <u>*</u>	
	FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE					7 FILED			
1 *	DRPORATION Katherine Harris		j						
1	JAL REPORT		Secretary of State		j	99 JAN 14 PM 12: 53			
 	1999		DIVISION OF CO	PRPORATIONS		SECRETARY OF S	TATE		
DOCU	MENT # F99	114	· 255		-∓¥	SECRETARY OF STALL AHASSEE. FL	ORIDA		
1. Corporation O.R.E.O.	n Name				į				
0.11.6.0.	, 1140+				ĺ) 1 The law har anno along high libri dhul dauc	ANNET REAL BARSE A	161) 917) 16%i	
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Principal Plac		Mailing /				a eddienen tend turid imrat tendet sedte midte midte	ElMie Gimte demei d	enet nenet endi	
FIRST UNION NATIONAL BANK OF FLORIDA LEGAL DIVISION. 225 WATER ST. FIRST UNION NATIONAL BANK OF FLORIDA LEGAL DIVISION. 225 WATER ST.					}				
JACKSONVILLE FL 32231-7010 JACKSONVILLE FL 32231-7010					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 09/13/1982				
2. Principal P	lace of Business	2a. Maili	ng Address			4. FEI Number	App	olied For	
21 1201	Hays Street	26 1	201 Hays S , Apt. #, etc.	treet		59-2497782		Applicable	
Suite, Apt.	*	 -1	, Apr. #, etc. uite 105	-	ļ	5. Certificate of Status Desired	\$8.75 A		
City & Stat	e = ==================================	City	& State			6. Election Campaign Financing	\$5.00	May Be	
23 Talla	hassee,Florida Country	28 T.	allahasseē	, Florida Country		Trust Fund Contribution	Added to	Fees	
24 32301		<u></u> - '	2301 3	-, ·	-	 This corporation owes the current year in Personal Property Tax. 		□No	
	9. Name and Address o	Current Registered				10. Name and Address of New Registered	Agent		
THE	PRENTICE-HALL CORPO	RATION SYSTEM IN	(C.	81 Name			<u> </u>		
					Addres	ss (P.O. Box Number is Not Acceptable)	·		
SUITE 105									
IALL	AHASSEE FL 32301			84 City			85 Zip C	ode	
11 Pursuant	to the provisions of Sections	607 0502 and 607 150	8 Florida Statutes	the above-named	comor	ration submits this statement for the purpose o	_	registered	
office or re	egistered agent, or both, in the	e State of Florida. Sue	ch change was auth	norized by the corporal Statutes.	oration'	ation submits this statement for the purpose o 's board of directors. I hereby accept the appo	intment as reg	jistered	
SIGNATURE									
12,	Signature, typed or printed name of reg	stered agent and title if applica ERS AND DIRECTOR		egistered Agent signature r	required w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	S	2110 1110 011120101	DELETE	1.1 TITLE	Sr.	Vice President	Change	Addition	
NAME	MILLER, JERRY M JR			1.2 NAME		pert L. Andersen			
STREET ADDRESS	301 S COLLEGE ST CHARLOTTE NC			1.3 STREET ADDRESS	301	L South College Street		}	
CITY-ST-ZIP	D		DOELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Cha	erlotte, NC 28288-0630 Sector	Change	Addition	
NAME	HODNETT, BRYON E		-u	2.2 NAME		cion A. Cowell, Jr.	_ ,	27.	
STREET ADDRESS	225 WATER ST.			2.3 STREET ADDRESS	301	L South College Street		[
CTY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Cha	arlotte. NC 28288-0630_	50	177 4 4 5 5 5	
MLE	d Mitchell, John A. III		- Dypelete	3.1 TITLE		rector	Change	X Addition	
NAME STREET ADORESS	225 WATER ST.			3.2 NAME 3.3 STREET ADDRESS		vard E.Crutchfield L South College Street		Ì	
CITY-ST-ZIP	JACKSONVILLE FL			3.4, CITY-ST-ZIP		erlotte. NC 28288-0630		{	
TITLE	D	 	CX ELETE	4.1 TITLE		rector	Change	□Addition	
NAME	WERTZ, LARRY J.		!	4.2 NAME		m R. Georgius			
STREET ADDRESS	225 WATER ST.			4.3 STREET ADDRESS	301	South College Street		1	
CITY-ST-ZIP	JACKSONVILLE FL	- 	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Cha	rlotte, NC <u>28288-</u> 0630	☐ Change	☐ Addition	
NAME				5.2 NAME	j				
STREET ADDRESS				5.3 STREET ADDRESS	}			ļ	
CITY-ST-ZIP	<u> </u>			5.4 CiTY-ST-ZIP	<u> </u>				
TITLE	·	•	☐ DELETE	8.1 TITUE	ì		Change	Addition	

6.2 NAME

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Robert L. Andersen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 chapter 607, and a statement with an address, with all other like empowered.

704-374-6611

8000002742008



ACCOUNT NO. : 072100000032

099349 REFERENCE

AUTHORIZATION

167868A

COST LIMIT

\$ 150.00

ORDER DATE: January 14, 1999

ORDER TIME : 10:58 AM

ORDER NO. : 099349-015

CUSTOMER NO:

167868A

CUSTOMER: Beverly Jackson, Legal Asst First Union Corporation

One First Union Ctr Legal Dept. - 31st Floor Charlotte, NC 28288

ANNUAL REPORT FILING

NAME: O.R.E.O., INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

DIVISION OF CORPORATION