

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # H36970 (2)

1. Corporation Name

FIRST LAND SALES, INC.

Principal Place of Business

P O BOX 4899
GA1-006-14-16
ATLANTA GA 30302-4899
US

Mailing Address

P O BOX 4899
GA1-006-14-16
ATLANTA GA 30302-4899
US

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/07/1985

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2484289

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

10. Name and Address of New Registered Agent

C T 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 date acceptable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

MASON, JOHN B. JR.

STREET ADDRESS

ONE INDEPENDENCE CENTER, 113-15

CITY- ST- ZIP

CHARLOTTE NC

TITLE

VD

☐ DELETE

NAME

FLATT, THOMAS H.

STREET ADDRESS

ONE INDEPENDENCE CENTER, 113-19

CITY- ST- ZIP

CHARLOTTE NC

TITLE

TD

☐ DELETE

NAME

MACK, JOHN E.

STREET ADDRESS

NATIONS BANK CORPORATE CENTER

CITY- ST- ZIP

CHARLOTTE NC

TITLE

S

☐ DELETE

NAME

WALLS, GEORGE R.

STREET ADDRESS

NATIONS BANK CORPORATE CENTER

CITY- ST- ZIP

CHARLOTTE NC

TITLE

AS

☐ DELETE

NAME

BROWN, JOAN Y

STREET ADDRESS

NATIONS BANK CORPORATE CENTER

CITY- ST- ZIP

CHARLOTTE NC

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
Date

409-607-5412
Daytime Phone #

CR2E034 (12/95)

Michael Mulcahy, Senior Vice President
NationsBank Corporation
Corporate Tax Department-GA1-006-14-16
600 Peachtree Street
Atlanta, Georgia 30308