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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **H36970** (2)
1. Corporation Name
FIRST LAND SALES, INC.



Principal Place of Business

Mailing Address

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

401 N TRYON ST
CORPORATE TAX
CHARLOTTE NC 28255
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. 401 N TRYON ST NC1-021-03-09
21 CHARLOTTE NC 28255

2a. 401 N TRYON ST NC1-021-03-09
26 CHARLOTTE NC 28255

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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 title, if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MASON, JOHN B. JR.
STREET ADDRESS ONE INDEPENDENCE CENTER, 113-15
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE PD
1.2 NAME Smith, Turner
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 401 N TRYON ST NC1-021-03-09
CHARLOTTE NC 28255

TITLE VD
NAME FLATT, THOMAS H.
STREET ADDRESS ONE INDEPENDENCE CENTER, 113-19
CITY-ST-ZIP CHARLOTTE NC

2.1 TITLE SVP
2.2 NAME Williams, Gary
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME MACK, JOHN E.
STREET ADDRESS NATIONS BANK CORPORATE CENTER
CITY-ST-ZIP CHARLOTTE NC

3.1 TITLE Sec V
3.2 NAME stark, Edward J.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME WALLS, GEORGE R.
STREET ADDRESS NATIONS BANK CORPORATE CENTER
CITY-ST-ZIP CHARLOTTE NC

4.1 TITLE V
4.2 NAME Locke, Janet
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME BROWN, JOAN Y
STREET ADDRESS NATIONS BANK CORPORATE CENTER
CITY-ST-ZIP CHARLOTTE NC

5.1 TITLE D
5.2 NAME Perlmutter, Richard
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

CR2E034 (10/97)