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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # H36970

1. Corporation Name
FIRST LAND SALES, INC.

Principal Place of Business	Mailing Address
401 N. TRYON STREET NC1-021-03-09 GA1-006-14-16 CHARLOTTE NC 28255 US	401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1965

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 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 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, TURNER		1.2 NAME		
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28255		1.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, GARY		2.2 NAME		
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28255		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STARK, EDWARD J.		3.2 NAME		
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28255		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	VP	☐ Change ☐ Addition
NAME	LOCKE, JANET		4.2 NAME	Duane L. Smith	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09		4.3 STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255		4.4 CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	☒ DELETE	5.1 TITLE	Trea	☐ Change ☐ Addition
NAME	PERLMUTTER, RICHARD		5.2 NAME	Lynn L. Rhoads	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28255		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Dir	☐ Change ☐ Addition
NAME			6.2 NAME	Edith M. Loughlin	
STREET ADDRESS			6.3 STREET ADDRESS	5/19/99 900180001	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		7500.00

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 addressee with all other like empowered.

SIGNATURE: [signature] **DUANE L. SMITH, VP** **4/23/99** **704-388-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

CR2E034 (11/98)