

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 # H54137

1. Corporation Name
TAROC, INC.

Principal Place of Business
FIRST UNION NATIONAL BANK OF FLORIDA
LEGAL DIVISION. 225 WATER ST.
JACKSONVILLE FL 32231-0010

Mailing Address
FIRST UNION NATIONAL BANK OF FLORIDA
LEGAL DIVISION. 225 WATER ST.
JACKSONVILLE FL 32231-0010

FILED

99 JAN 14 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1985

4. FEI Number

59-2592206

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 S ☐ DELETE

NAME MILLER, JERRY M JR

STREET ADDRESS 301 S COLLEGE ST

CITY-ST-ZIP CHARLOTTE NC

TITLE D ☒ DELETE

NAME HODNETT, BRYON E

STREET ADDRESS 225 WATER ST.

CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE

NAME WERTZ, LARRY J.

STREET ADDRESS 225 WATER STREET

CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE

NAME MITCHELL, JOHN A.

STREET ADDRESS 225 WATER STREET

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sr. Vice President ☐ Change ☒ Addition

1.2 NAME Robert L. Andersen

1.3 STREET ADDRESS 301 South College Street

1.4 CITY-ST-ZIP Charlotte, NC 28288-0630

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Marion A. Cowell, Jr.

2.3 STREET ADDRESS 301 South College Street

2.4 CITY-ST-ZIP Charlotte, NC 28288-0630

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Edward E. Crutchfield

3.3 STREET ADDRESS 301 South College Street

3.4 CITY-ST-ZIP Charlotte, NC 28288-0630

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME John R. Georgius

4.3 STREET ADDRESS 301 South College Street

4.4 CITY-ST-ZIP Charlotte, NC 28288-0630

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002742009--1

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: Rose L. Andersen REQUIRED Robert L. Andersen 1/13/99 704-374-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0566827

CR2E034 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 099349 167868A

AUTHORIZATION :

Patricia P.

COST LIMIT : \$ 150.00

ORDER DATE : January 14, 1999

ORDER TIME : 11:0 AM

ORDER NO. : 099349-025

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: TAROC, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS: _____

RECEIVED
99 JAN 14 PM 12:08
DIVISION OF CORPORATION