

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

FILED

99 JAN 14 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H54407**

1. Corporation Name
CIMC, INC.



Principal Place of Business
**FIRST UNION NATIONAL BANK OF FLORIDA
LEGAL DIVISION, 225 WATER STREET
JACKSONVILLE FL 32231-7010**

Mailing Address
**FIRST UNION NATIONAL BANK OF FLORIDA
LEGAL DIVISION, 225 WATER STREET
JACKSONVILLE FL 32231-7010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1985

4. FEI Number

59-2592198

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

2. Principal Place of Business

21 **1201 Hays Street**

Suite, Apt. #, etc.

22 **Suite 105**

City & State

23 **Tallahassee, Florida**

Zip

24 **32301**

25

2a. Mailing Address

26 **1201 Hays Street**

Suite, Apt. #, etc.

27 **Suite 105**

City & State

28 **Tallahassee, Florida**

Zip

29 **32301**

30

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 **MITCHELL, JOHN A. III**

STREET ADDRESS **225 WATER ST.**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **WERTZ, LARRY ST.**

STREET ADDRESS **225 WATER ST.**

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** ☐ Change ☒ Addition

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** ☐ Change ☒ Addition

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** ☐ Change ☒ Addition

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** ☐ Change ☒ Addition

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

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Robert L. Andersen

1/13/99

704-374-6611

Date

Daytime Phone #

CR2E034 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 099349 167868A

AUTHORIZATION : *Patricia Pigott*

COST LIMIT : \$ 150.00

ORDER DATE : January 14, 1999

ORDER TIME : 10:59 AM

ORDER NO. : 099349-020

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: CIMC, 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