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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # H96872

1. Corporation Name  
STATEWIDE ADMINISTRATIVE SERVICES, INC.

Principal Place of Business  
8000 SOUTHSIDE BLVD  
BLDG 400  
JACKSONVILLE FL 32256  
US

Mailing Address  
50 LAURA STREET  
ATTN: REGULATORY RELATIONS  
JACKSONVILLE FL 32202  
US

2. 401 N TRYON ST  
21 CHARLOTTE NC 28255

2a. 401 N TRYON ST  
25 CHARLOTTE NC 28255

22. City & State

23. City & State

24. Zip Country

25. Zip Country

26. Zip Country

27. Zip Country

28. Zip Country

29. Zip Country

30. Zip Country

3. Date Incorporated or Qualified  
01/31/1986

4. FEI Number  
59-2626617

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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent  
GARY W ENGLAND  
50 N LAURA ST  
MAIL CODE 099-000-0907  
JACKSONVILLE FL 32202-3610

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 607.0506, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

1.2 NAME RALPH, MICHAEL L

1.3 STREET ADDRESS 8000 SOUTHSIDE BLVD

1.4 CITY-ST-ZIP JACKSONVILLE FL

1.5 TITLE ☒ DELETE

1.6 NAME SCAGLIARINI, PAUL D.

1.7 STREET ADDRESS 8000 SOUTHSIDE BLVD

1.8 CITY-ST-ZIP JACKSONVILLE FL

1.9 TITLE ☐ DELETE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ DELETE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ DELETE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Pres/Dir John E. Mack

2.3 STREET ADDRESS 401 N TRYON ST

2.4 CITY-ST-ZIP CHARLOTTE NC 28255

2.5 TITLE ☐ Change ☐ Addition

2.6 NAME VP Duane L. Smith

2.7 STREET ADDRESS

2.8 CITY-ST-ZIP

2.9 TITLE ☐ Change ☐ Addition

3.1 NAME Sec Mary Ann Lucas

3.2 STREET ADDRESS

3.3 CITY-ST-ZIP

3.4 TITLE ☐ Change ☐ Addition

3.5 NAME Dir Gary S. Williams

3.6 STREET ADDRESS

3.7 CITY-ST-ZIP

3.8 TITLE ☐ Change ☐ Addition

3.9 NAME Dir James W. Kiser

3.10 STREET ADDRESS

3.11 CITY-ST-ZIP

3.12 TITLE ☐ Change ☐ Addition

3.13 NAME

3.14 STREET ADDRESS

3.15 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, with all other like empowered.

SIGNATURE: Duane L. Smith DUANE L. SMITH, VP 4/27/99 704-388-2460

AD