

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0566030

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JAN 14 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J68141
 1. Corporation Name
FNB PROPERTIES, 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1201 Hays Street Suite, Apt. #, etc. 22 Suite 105 City & State 23 Tallahassee, Florida Zip 24 32301		2a. Mailing Address 26 1201 Hays Street Suite, Apt. #, etc. 27 Suite 105 City & State 28 Tallahassee, Florida Zip 29 32301		3. Date Incorporated or Qualified 04/14/1987	
		4. FEI Number 59-2863606		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ 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	S <input type="checkbox"/> DELETE	1.1 TITLE	Sr. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JERRY M JR	1.2 NAME	Robert L. Andersen
STREET ADDRESS	301 S COLLEGE ST	1.3 STREET ADDRESS	301 South College Street
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODNETT, BRYON E	2.2 NAME	Marion A. Cowell, Jr.
STREET ADDRESS	225 WATER ST.	2.3 STREET ADDRESS	301 South College Street
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, JOHN A. III	3.2 NAME	Edward E. Crutchfield
STREET ADDRESS	225 WATER ST.	3.3 STREET ADDRESS	301 South College Street
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERTZ, LARRY J.	4.2 NAME	John R. Georgius
STREET ADDRESS	225 WATER ST.	4.3 STREET ADDRESS	301 South College Street
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Robert 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 #

CR2E034 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 099349 167868A

AUTHORIZATION : *Patricia Pijet*

COST LIMIT : \$ 150.00

ORDER DATE : January 14, 1999

ORDER TIME : 10:57 AM

ORDER NO. : 099349-010

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: FNB PROPERTIES, 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