Applied For

Not Applicable

FILE NOW:	<b>FILING</b>	<b>FEE AFTER</b>	MAY 1ST IS	\$550.00
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** J68141

1. Corporation Name

FNB PROPERTIES, INC.

Principal Place of Business

2. Principal Place of Business

21 1201 Hays Street

FIRST UNION NATIONAL BANK OF FLORIDA LEGAL DIVISION. 225 WATER STREET JACKSONVILLE FL 32231-7010

Mailing Address

2a. Mailing Address

26

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

1201 Hays Street

FILED

99 JAN 14 PH 12: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	DO NOT	AALCHI III IIA	I TIS SPACE
Date Incorporate	ed or Qua	lifed	· · ·
04/14/1987			

3.

4. FEI Number

59-2863606

22 Suite	105	27 Suite 105			5. Certifcate of Status Desired	Fee Re	
City & Sta		City & State			6. Election Campaign Financing	\$5.00	· <del>· · · · · · · · · · · · · · · · · · ·</del>
23 Talla	hassee, Florida	28 Tallahassee	Flor	ri da	Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year Int		
24 32301	. 25	29 32301 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren		· ·		10. Name and Address of New Registered	Agent	
			81	Name	· · · · · · · · · · · · · · · · · · ·		
	PRENTICE-HALL CORPORATION	SYSTEM INC.	82	04	Add (0.0 D No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	1 HAYS STREET		82	Street /	Address (P.O. Box Number is Not Acceptable)		
	TE 105		83	83			
TALI	LAHASSEE FL 32301						
			84	City	F1	85 Zip 0	Code
44 Dumuent	to the provinces of Postions 607.0500	and 607 1500. Florida Statutos	the chave		corporation submits this statement for the purpose of		
office or r	registered agent, or both, in the State of	of Florida. Such change was auth	orized by	the corpo	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appoi	cnanging its ntment as re	registerea gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes.		,	`	-
SIGNATURE	and the transfer of the same of the same of					_r	
12.	Signature, typed or printed name of registered agent OFFICERS ANI			t signature re	equired when reinstaling) DATE	(D. D.IDE 675	00.01.40
TITLE	S	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	Change	
NAME	MILLER, JERRY M JR	_ Deceite			Sr.Vice President	Griarige	Addition X
	301 S COLLEGE ST		1.2 NAME		Robert L. Andersen		
STREET ADDRESS	CHARLOTTE NC		1.3 STREET	ADDRESS	301 South College Street		
CITY-ST-ZIP		Direction of the second	1.4 CITY-ST		<u>Charlotte, NC 28288-0630</u>		·
TITLE	D HODNETT DDVON 5	ZOELETE	2.1 TITLE	1	Director	Change	Addition X
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-\$1	r-zip	301 South College Street Charlotte, NC 28288-0630		
тпь	D	☐ <del>X</del> DELETE	3.1 TITLE		Director	☐ Change	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	r-ZIP	301 South College Street Charlotte, NC 28288-0630		
TITLE	D	□ XDELETE	4.1 TITLE		Director	☐ Change	Addition
NAME	WERTZ, LARRY J.	• •	4.2 NAME		John R. Georgius		43
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		ĺ
TIRLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-	·ZiP			į
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change	□ Addition
NAME			6.2 NAME		ر المعالم الله المعالم		
STREET ADDRESS			6.3 STREET	ADDRESS	600002742	UU15-	13
CITY-ST-719			6.4 C/TY-ST-				

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:

OFF REQUIRE Robert L.

704-374-6611



			-
ACCOUNT	NO.	: _ 0721000	00032

REFERENCE

099349

167868A

COST LIMIT \$ 150.00

ORDER DATE: January 14, 1999

ORDER TIME : 10:57 AM

ORDER NO. : 099349-010

CUSTOMER NO:

167868A

Beverly Jackson, Legal Asst CUSTOMER:

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 PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

DIVISION OF CORPORATION