

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****DOCUMENT # L51206****(5)**

1. Corporation Name

GREATMARK PROPERTIES, INC.**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 FEB 10 PM 1:32**

Principal Place of Business

**850 FIRST FLORIDA BANK PLAZA
1800 SECOND STREET
SARASOTA FL 34236**

Mailing Address

**850 FIRST FLORIDA BANK PLAZA
1800 SECOND STREET
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/15/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0212835

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 has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**JOY, DANIEL
850 FIRST FLORIDA BANK PLAZA
1800 SECOND STREET
SARASOTA FL 34236**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE DP
NAME CHIPMAN, MARY
STREET ADDRESS 3360 GULF OF MEXICO DR
CITY- ST- ZIP LONGBOAT KEY FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 limited 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.

SIGNATURE:

Mary Chipman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*2/6/95*
Date*813 383 6045*
Telephone Number