

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25 1996 8:00 am  
Secretary of State

DOCUMENT # N29549 (5)

1. Corporation Name

SV/SOUTH FLORIDA OPERATIONS, INC.



Principal Place of Business

8 W 3RD STREET  
SUITE 400  
WINSTON SALEM NC 27101  
US

Mailing Address

P O BOX 20425  
8 W. 34D ST., STE. 400  
WINSTON-SALEM NC 27120  
US

3. Date Incorporated or Qualified  
12/05/1988

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
58-1819337

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, 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 D ☐ DELETE  
NAME DEHNERT, JR. E.F.  
STREET ADDRESS 200 S COLLEGE ST  
CITY-ST-ZIP CHARLOTTE NC

TITLE D ☒ DELETE  
NAME CLARK, G.L. JR  
STREET ADDRESS 915 W 4TH ST  
CITY-ST-ZIP WINSTON-SALEM NC

TITLE D ☒ DELETE  
NAME CHRISTIANSEN, SUSAN L  
STREET ADDRESS 915 W 4TH ST  
CITY-ST-ZIP WINSTON-SALEM NC

TITLE D ☐ DELETE  
NAME WATERS, BRETT L  
STREET ADDRESS 3334 HEALY DR  
CITY-ST-ZIP WINSTON-SALEM NC

TITLE DAS ☐ DELETE  
NAME CRAVEN, PERRY C  
STREET ADDRESS 8 W 3RD ST., STE 400  
CITY-ST-ZIP WINSTON-SALEM NC

TITLE P ☒ DELETE  
NAME MCLUCAS, MARIE R  
STREET ADDRESS 8 W 3RD ST., STE. 400  
CITY-ST-ZIP WINSTON-SALEM NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D (DIRECTOR) ☐ Change ☒ Addition  
1.2 NAME LAWRENCE H. MCGEE  
1.3 STREET ADDRESS 3333 SILAS CREEK PKWY  
1.4 CITY-ST-ZIP WINSTON-SALEM, NC 27103

2.1 TITLE D (DIRECTOR) ☐ Change ☒ Addition  
2.2 NAME EDNA S. SHORE  
2.3 STREET ADDRESS 4400 SILAS CREEK PKWY  
2.4 CITY-ST-ZIP WINSTON-SALEM, NC 27103

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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 119.07(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-96 910-721-1920

CR2E037 (12/95)