


FILE-NOW: FILING FEE IS \$61.25

FILED

Sep 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N29549** (5)

1. Corporation Name

**SV/SOUTH FLORIDA OPERATIONS, INC.**



Principal Place of Business

Mailing Address

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

**P O BOX 20425  
8 W 3RD ST., STE. 400  
WINSTON-SALEM NC 27120-0425  
US**

3. Date Incorporated or Qualified  
**12/05/1988**

3a. Date of Last Report  
**04/25/1996**

2. Principal Place of Business

2a. Mailing Address

**21 6000 Meadowbrook Mall**

Suite, Apt. #, etc.

**22 Suite 25**

City & State

**23 Clemmons, NC**

Zip

**24 27012**

Country

**25 USA**

Suite, Apt. #, etc.

**26 P.O. Box 1724**

City & State

**28 Clemmons, NC**

Zip

**29 27012**

Country

**30 USA**

4. FEI Number  
**58-1819337**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **DEHNERT, JR. E.F.**  
STREET ADDRESS **200 S COLLEGE ST**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **D** ☒ DELETE

NAME **SHORE, EDNA**  
STREET ADDRESS **4400 SILAS CREEK PKWY**  
CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE **D** ☒ DELETE

NAME **MCGGEE, LAWRENCE U**  
STREET ADDRESS **3333 SILAS CREEK PKWY**  
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 ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **Secretary** ☐ Change ☒ Addition

1.2 NAME **Barton Tiffany "D"**  
1.3 STREET ADDRESS **3520 Triad Ct.**  
1.4 CITY-ST-ZIP **Winston-Salem, NC 27107**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Peggy L. Miller**  
2.3 STREET ADDRESS **6000 Meadowbrook Mall, Suite 8**  
2.4 CITY-ST-ZIP **Clemmons, NC 27012**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **President** ☒ Change ☐ Addition

4.2 NAME **Brett Waters "D"**  
4.3 STREET ADDRESS **3334 Healy Dr.**  
4.4 CITY-ST-ZIP **Winston-Salem, NC**

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

**500002298765  
-09/22/97--01003--011  
\*\*\*61.25**

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**Brett Waters**

CR2E037 (9/96)

TS 9/17/97