

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 # N29550 (3)

1. Corporation Name

SV/SOUTH FLORIDA PROPERTIES, INC.

Principal Place of Business

8 W. 3RD STREET  
400  
WINSTON-SALEM NC 27101  
US

Mailing Address

P.O. BOX 20425  
WINSTON SALEM NC 27120  
US

3. Date Incorporated or Qualified  
12/05/1988

3a. Date of Last Report  
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

58-1819338

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  
NAME MCGEE, LAWRENCE U  
STREET ADDRESS 3333 SILAS CREEK PKWY  
CITY-ST-ZIP WINTON-SALEM NC ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D (DIRECTOR)  
DEHNERT, JR E.F.  
200 S COLLEGE ST  
CHARLOTTE, NC ☐ Change ☒ Addition

TITLE D  
NAME SHORE, EDNA S  
STREET ADDRESS 4400 SILAS CREEK PKWY  
CITY-ST-ZIP WINSTON-SALEM NC ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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 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

4-12-96 910-721-1920

CR2E037 (12/95)