

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05-19-1999 90018001 *7,500.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 20 PH 3:16

DOCUMENT # P00621

1. Corporation Name

EQUITABLE SERVICE CORPORATION

Principal Place of Business

401 N. TRYON STREET
NC1-021-03-09
CHARLOTTE NC 28255
US

Mailing Address

401 N TRYON ST
NC1-021-03-09
CHARLOTTE NC 28255
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1984

4. FEI Number

31-0842208

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

24 25 29 30

9. Name and Address of Current Registered Agent

CAMNER, ALFRED
1221 BRICKELL AVENUE - 25TH FLOOR
999 BRICKELL AVE. #400
MIAMI FL 33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SINK, ADELADE A.	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-STATE-ZIP	CHARLOTTE NC 28255	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MALLARD, LARRY W.	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-STATE-ZIP	CHARLOTTE NC 28255	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LOWMAN, RITA J.	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-STATE-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GARY S.	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-STATE-ZIP	CHARLOTTE NC 28255	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUCAS, MARY-ANN	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-STATE-ZIP	CHARLOTTE NC 28255	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LOCKE, JANET	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-STATE-ZIP	CHARLOTTE NC 28255	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like entries. 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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE L. SMITH, VP

4/23/99

704-388-2460

Date

Daytime Phone #

CR2E034 (1/98)