

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
01/18/1984
4. FEI Number Applied For
31-0842208 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

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 _____ (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-ST-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-ST-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-ST-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-ST-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-ST-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-ST-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-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Duane L. Smith	
6.3 STREET ADDRESS	401 N TRYON ST	
6.4 CITY-ST-ZIP	CHARLOTTE NC 28255	

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: Duane L. Smith DUANE L. SMITH, VP 4/23/99 704-388-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010114

CR2E034 (1/198)