

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P04468** (5)

1. Corporation Name

THE PARNELL-MARTIN COMPANIES, INC.



Principal Place of Business

**1315 NORTH GRAHAM ST.
PO BOX 30067
CHARLOTTE NC 28230**

Mailing Address

**1315 NORTH GRAHAM ST.
PO BOX 30067
CHARLOTTE NC 28230**

3. Date Incorporated or Qualified
12/26/1984

3a. Date of Last Report
02/07/1995

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

24

25

29

30

4. FEI Number

56-0497097

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 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 date of appointment

(Print) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASH, F. A. I	
STREET ADDRESS	1315 N. GRAHAM ST.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMULLEN, DAN	
STREET ADDRESS	1315 N. GRAHAM ST.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERBERT, K	
STREET ADDRESS	1565 LITTON DR.	
CITY-ST-ZIP	STONE MOUNTAIN GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VOLLRATH, ROBERT	
STREET ADDRESS	6789 WHITE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELTON, L.M.	
STREET ADDRESS	1315 N. GRAHAM ST.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CASH, F. A. JR	
STREET ADDRESS	1315 N. GRAHAM ST.	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE, JOHN L.	
1.3 STREET ADDRESS	1315 N GRAHAM ST	
1.4 CITY-ST-ZIP	CHARLOTTE, NC 28206	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WELTON, C. REX	
2.3 STREET ADDRESS	1315 N GRAHAM ST	
2.4 CITY-ST-ZIP	CHARLOTTE, NC 28206	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CASH, BARBARA	
3.3 STREET ADDRESS	1315 N GRAHAM ST	
3.4 CITY-ST-ZIP	CHARLOTTE, NC 28206	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUNEYCUTT, RICK	
4.3 STREET ADDRESS	1315 N GRAHAM ST	
4.4 CITY-ST-ZIP	CHARLOTTE, NC 28206	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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

Dist.

Dist. (Print Name)

704-375-8651

CR2E034 (12/95)