

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
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

21 Sute, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Sute, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 the applicable date

(NOTE: Registered Agent signature required when registering)

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	1585 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: *C Rex Welton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. REX WELTON

DATE: **704-375-8651**
Duties: _____

CR2E034 (12/95)