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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

| 1. Corporation | DING COMPANY | (8) | | | 1 (RB/(AB): Joh Anne (Ab)(AB)(A | 8/88/ 1/8/ 8/8// 8 // | | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------|----------------------------|
| Principal Place of Business Mailing Ad | | Mailing Address | | | | BIREL FOR BYTH BIR | | |
| 5151 GLENWOOD AVENUE RALEIGH NC 27612 | | 5151 GLENWOOD AVENUE RALEIGH NC 27612-3267 | | | | | | |
| | | | | | 3. Date Incorporated or Qu | 1 | Date of Last R | eport |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 12/17/1985 4. FE! Number | U | 4/17/1996_ | plied For |
| 21 | h | | | | 56-1473176 | | } | t Applicable |
| Suite, Apt. | #, etc. | Suito, Apt. #, etc. | | | 5. Certificate of Status Desi | red | \$8.75 | |
| 22 | | 27 | | 5. Certificate of Status Desi | 160 [_] | Fee Re | quired | |
| City & State | е | City & State | | 6. Election Campaign Finar Trust Fund Contribution | ncing | \$5.00 Added t | | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | | • | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 1 No | | |
| | 9. Name and Address of Current | | 1991 | | 10. Name and Address of I | | | |
| CT | CORPORATION SYSTEM | | 81 | Name | | | | |
| 1200 S. PINE ISLAND ROAD | | | 82 | Street | at Address (P.O. Box Number is Not Acceptable) | | | |
| , PLA | INTATION FL 33324 | | 83 | | | | | |
| | | | 84 | City | | F | 85 Zip (| Code |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 607.0502 egisterod agent, or both, in the State om In familiar with, and accept the obligat | and 607.1508, Florida Statu if Florida. Such change was ions of, Section 607.0505, F | rtes, the above authorized by lorida Statute | e-named y the corr s. | corporation submits this statement fooration's board of directors. I hereb | or the purpose y accept the a | of changing it ppointment as | s registered registered |
| SIGNATURE | Signature, typicd or printed name of registered agent | and title if approaching (NC | H - Boaislered An | ent sinnature | required when reinstating) | DATE | | |
| 12. OFFICERS AND DIR | | | | | ADDITIONS/CHANGES TO | | ND DIRECTOR | S IN 12 |
| TITLE | PD DELETE | | 1.1 TITLE | | | | Change | ☐ Addition |
| NAME | FOWLER, THEODORE M. JR. | , | 1.2 NAME | | | | | |
| STREET ADDRESS | 5151 GLENWOOD AVENUE | | 1.3 STR£ [] | ADDRESS | | | | |
| CITY-ST-ZIP | RALEIGH NC | N octors | 1.4 CITY- | S1 - ZIP | | | | TT : ::::: |
| TITLE | STD | ∭ DELETE | 2 1 111LE | | | | Change | Addition |
| NAME | MCCORMICK, JOHN M. | | 2 2 NAME | 1555550 | | | | |
| STREET ADDRESS | 5151 GLENWOOD AVENUE | | 2.3 STREET | | | | | |
| CITY-ST-ZIP TITLE | RALEIGH NC | DELETE | 2. ¶ CITY- 3.1 Title | 51-ZIP | | ····· | Change | Addition |
| NAME | URQUHART, RICHARD III | | 3.2 NAME | | | | | |
| STREET ADDRESS | 5151 GLENWOOD AVENUE | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | | | | | |
| TITLE | V | 0.000 | | | | | ☐ Change | Addition |
| NAME | · | | 4. 2 NAME | | | | | |
| STREET ADDRESS | 5151 GLENWOOD AVENUE | | 4.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CHY- | S1 - ZIP | | | | |
| TITLE | V F | | 5.1 TITLE | | | | Change | Addition |
| NAME | BELL, C. LAMAR | | 5.2 NAME | | | | | |
| STREET ADDRESS | 5151 GLENWOOD AVENUE | | | ADDRESS | | | | į |
| CITY-ST-ZIP TITLE | | | 5.4 CITY - ST - ZIP 6.1 TITLE | | Acres 6 | 101 | Change | Addition |
| NAME | | DELETE | 6.2 NAME | | Pobon House | ky N | Mail ∩usuffe | L_J Addition |
| STREET ADDRESS | | | | ADDRESS | ASST. SECRETA ROBERT HEYWAR 5151 GLENWOOD | Ave. | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

May 09 1997 8:00am

Secretary of State