

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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P10696 (3)**

1. Corporation Name  
**OVER & OVER, INC.**



Principal Place of Business <b>13530 SOUTH RIDGE DR CHARLOTTE NC 28273 US</b>	Mailing Address <b>13530 SOUTH RIDGE DRIVE CHARLOTTE NC 28273-6741 US</b>
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified <b>07/08/1986</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>56-0945849</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>FL</b> 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	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>HENDERSON, MARTIN R.</b>
STREET ADDRESS	<b>13530 SOUTH RIDGE DRIVE</b>
CITY - ST - ZIP	<b>CHARLOTTE NC</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, DAVID R.</b>
STREET ADDRESS	<b>13530 SOUTH RIDGE DRIVE</b>
CITY - ST - ZIP	<b>CHARLOTTE NC</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MCCLUNG, WINIFRED D.</b>
STREET ADDRESS	<b>7001 PEACHTREE IND BLVD</b>
CITY - ST - ZIP	<b>NORCROSS GA</b>
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE
NAME	<b>WISEMAN, MICHAEL D.</b>
STREET ADDRESS	<b>13530 SOUTH RIDGE DRIVE</b>
CITY - ST - ZIP	<b>CHARLOTTE NC</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>HENDERSON, KAREN W.</b>
STREET ADDRESS	<b>13530 SOUTH RIDGE DRIVE</b>
CITY - ST - ZIP	<b>CHARLOTTE NC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	<b>Director</b> <input checked="" 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	<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 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.

SIGNATURE: *M. Dean Wiseman* **M. Dean Wiseman** 1/27/97 704-583-9100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)