

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P13344 (7)**

1. Corporation Name

**LIBERTY PROPERTIES GROUP, INC.**

Principal Place of Business

**2000 WADE HAMPTON BOULEVARD  
GREENVILLE SC 29615**

Mailing Address

**P.O. BOX 789, N/A  
GREENVILLE SC 29602  
US**



3. Date Incorporated or Qualified

**02/23/1987**

3a. Date of Last Report

**01/19/1995**

4. FEI Number

**57-0836136**

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

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMANDER, CHARLES E.  
200 LAURA STREET  
JACKSONVILLE FL 32202**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROSE, PORTER B.	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SUMEREL, RICHARD H.	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATTERSON, JOEL B.	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITMIRE, CHARLES G.	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAC VINSON, G.	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLEMAN, ROBERT T. III	
STREET ADDRESS	2000 WADE HAMPTON BLVD.	
CITY-ST-ZIP	GREENVILLE SC	

1.1 TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Martha R. Rainey	
1.3 STREET ADDRESS	2000 Wade Hampton Blvd.	
1.4 CITY-ST-ZIP	Greenville, SC 20615	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATTERSON, III, W. JOEL	
3.3 STREET ADDRESS	2000 WADE HAMPTON BLVD	
3.4 CITY-ST-ZIP	GREENVILLE, SC 29615	
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 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: *Martha R. Rainey*

Martha R. Rainey

4/18/96

864/609-8280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #