FILED Apr 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

HYNES BOND ELLISON, A DIVISION OF HYNES INC. HYNES BOND ELLISON, A DIVISION OF HYNES INC. HYNES BOND ELLISON, A DIVISION OF HYNES INC. HYNES MORRISON BOULEVARD SUITE 515 SUITE 516 CHARLOTTE NO 28211 2 Principal Place of Ekainess 2 2a. Mining Address 4. FEI Number 3 5. Certificate of Status Desired 5 6. Certificate of Status D	DOCU	MENT # P16984	ļ		ł		
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2. Principal Place of Business 2a. Maling Address 5c-6506777 Applied For Not Applied For N	O IAILOTTE IN	J 20211	OFFICE HOLDE		3. Date Incorporated or Qualifed		
Suite, Apt. #, etc. Solite, Apt. #, etc. Solite of Status Desired \$8.75 Additional fee Required Required	1				12/01/1987		
Solicy April K, etc. 22 21 22 21 22 23 25 26 25 26 26 26 26 26	2. Principal P	lace of Business	2a, Mailing Address		· · ·	Ap	plied For
27 City & State City & Country City & Country City & City					56-0506777		
City & State 231 City & State 232 City & State 232 City & State 232 City & State 233 City & State 235 City & State 236 City & State 237 Country 24 City & Country 257 Country 26 City & State 279 Country 28 City & State 28 City & State 28 City & State 10, Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 City Street Address (P.O. Box Number is Not Acceptable) 130 S. PINE ISLAND ROAD PLANTATION FL 33324 83 City FL 85 City FL 85 City City State 100 City City City City City City City City	<u></u>		 		5. Certifcate of Status Desired		
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Zip Country Zip Country Zip Country R. This corporation was the current year intanglible Personal Property Tax: Yes No	1 = -		· 	,		• -	,
24 25 29 30 Personal Property Tax yes No							
10. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. In familiar with, and accept the obligations of, Section 607.0505; And accept the obligations of, Section 607.0505; Policial Statutes. SIGNATURE Significant, speed or primes rums of implicants agent and state registered of the corporation's board of directors. I hereby accept the appointment as registered agent and remained with, and accept the obligations of, Section 607.0505; Policial Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CT HYNES, JAMES E.S. SIRSET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WAWE SIRSET ADDRESS 0CTY-ST-ZP CHARLOTTE NC 12. VITTLE QREENE, JOHN E. STREET ADDRESS 0CTY-ST-ZP CHARLOTTE NC 24. CITY-ST-ZP CHARLOTTE NC 24. CITY-ST-ZP CHARLOTTE NC AVP QREENE, JOHN C. SIRSET ADDRESS 0CTY-ST-ZP AVP QREENE, JOHN C. 4. SIRSET ADDRESS 0CTY-ST-ZP Charlotte, NC 20277 Charge Addition Addition AVE AND CONTAINED Charlotte, NC 20277 Charge Addition Addition AVE Addition Charlotte, NC 20277 Charge Addition Addition AVE ADDITIONS/CHANGES TO ADDRESS 1	24	25	29	30			□No
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 B2 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 B3 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 B4 City		9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable)	CT (CODDODATION SYSTEM		81 Name			
PLANTATION FL 33324 83	l loni ou				Address (P.O. Box Number is Not Acceptable)		
State City FL State				-			
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 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 OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CT MANE HYNES, JAMES E.S. STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS CTITY-ST-ZP CHARLOTTE NC DELETE 1.1 ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LITTLE JOHN E. STREET ADDRESS CTITY-ST-ZP CHARLOTTE NC AVP DELETE 1.1 ITTLE Change Addition Addition Addition STREET ADDRESS CTITY-ST-ZP CHARLOTTE NC AVP DELETE 4.1 ITTLE AVP CHARLOTTE NC AVP DELETE 4.1 ITTLE AVP CHARLOTTE NC AVP DELETE 4.2 ITTLE Chieff Financial Officer David E. Rush 1.707 Provincetown Drive Charlotter, NC 28277 Change Addition MATHEWS NC TITLE STREET ADDRESS CTITY-ST-ZP MATHEWS NC AVERAGE AND ADDRESS CTITY-ST-ZP MATHEWS NC AVERAGE AND ADDRESS CTITY-ST-ZP MATHEWS NC AVERAGE AND ADDRESS STREET ADDRESS CTITY-ST-ZP AVERAGE AND ADDRESS STREET ADDRESS CTITY-ST-ZP STREET ADDRESS CTITY-ST-ZP CHARLOTTE NC DELETE STREET ADDRESS CTITY-ST-ZP CHARLOTTE NC Change Addition MCCOY, JANE P STREET ADDRESS 2450 AINSDALE RD CHARLOTTE NC DELETE STREET ADDRESS CTITY-ST-ZP CHARLOTTE NC Change Addition Change	T EMPLITOR TE 35027			(63)			
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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, 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 und the it supplicable. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE CT IMME HYNES, JAMES E.S. STREET ADDRESS CITY-ST-ZP CHARLOTTE NC DELETE 1.1 TITLE Change Addition Addition CHOT-ST-ZP CHARLOTTE NC IMME STREET ADDRESS CITY-ST-ZP CHARLOTTE NC CHARLOTTE NC STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZP CHARLOTTE NC CHARLOTTE NC STREET ADDRESS 1.1 TITLE Change Addition Change Addition CHARLOTTE NC STREET ADDRESS CITY-ST-ZP CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC TITLE AVP OCHARLOTTE NC TITLE AVP CHARLOTTE NC CHARLOTTE NC STREET ADDRESS CITY-ST-ZP CHARLOTTE NC STREET ADDRESS ACTY-ST-ZP CHARLOTTE NC STREET ADDRESS ACTY-ST-ZP CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC STREET ADDRESS ACTY-ST-ZP CHARLOTTE NC CH	ĺ			84 City		85 Zip (Code
Agent I am tamilier with, and accept the obligations of, Section 607.0505, Horizon Statutes SIGNATURE To	44 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s the shove-named			registered
SIGNATURE Signature, typical or orbinded name of registered agent and talk if applicable. NIGTE, Registered Agent agent agreature required when reincatating) DATE	office or r	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by the corpo	pration's board of directors. I hereby accept the app	ointment as re	gistered
Company Comp	_	m tamiliar with, and accept the obligi	ations of, Section 607.0505, Flori	da Statutes.			
TITLE CT	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: 6	Registered Agent signature re	equired when reinstalling) DATE		
NAME HYNES, JAMES E.S. STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC TITLE P NAME GREENE, JOHN E. STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC TITLE VP NAME LITTLEJOHN, C M STREET ADDRESS CITY-ST-ZIP NAME LITTLEJOHN, C M STREET ADDRESS CITY-ST-ZIP NAME THEATT, DIANE C STREET ADDRESS CITY-ST-ZIP NAME THEATT, DIANE C TITLE AVP NAME NAME HTREATT, DIANE C TITLE S MARTHEWS NC TITLE S MARTHEWS NC TITLE S MARTHEWS NC TITLE S MARTHEWS NC TITLE S TO DELETE SITTLE SANGE STREET ADDRESS CITY-ST-ZIP TITLE S CHARLOTTE NC THEE TCHARGE Addition THE TCHARGE THE TADRESS T	12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
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	STREET ADDRESS						

CITY-ST-ZIP 14. I 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 ap attachment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE: