


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

FILED

Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19783** (0)  
1. Corporation Name  
**BUILDERWAY, INC.**

Principal Place of Business  
**355 WOODRUFF RD  
SUITE 104  
GREENVILLE SC 29607  
US**

Mailing Address  
**N/A  
P.O. DRAWER 27107  
GREENVILLE SC 29616  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2451 Highway 501 East</b> Suite, Apt. #, etc. 22 City & State 23 <b>Conway, SC</b> Zip 24 <b>29526</b> Country 25 <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>P.O. Box 29</b> City & State 28 <b>Conway, SC</b> Zip 29 <b>29528</b> Country 30 <b>US</b>		3. Date Incorporated or Qualified <b>06/23/1988</b>	
		4. FEI Number <b>57-0754549</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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	
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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	PD	1.1 TITLE	PD
NAME	LAVOY, NEWELL E	1.2 NAME	Phillips, M.B
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	1.3 STREET ADDRESS	2451 Highway 501 East
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	Conway, SC 29526
TITLE	VST	2.1 TITLE	VT
NAME	LEWIS, DON D II	2.2 NAME	Lewis, Don. D II
STREET ADDRESS	1 INDEPENDENCE POINTE, SUITE 301	2.3 STREET ADDRESS	2451 Highway 501 East
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	Conway, SC 29526
TITLE		3.1 TITLE	Asst T
NAME		3.2 NAME	Gehman, W.A. III
STREET ADDRESS		3.3 STREET ADDRESS	2451 Highway 501 East
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Conway, SC 29526
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an attachment with an address.

SIGNATURE: *William A. Gehman* *William A. Gehman* 3-20-98 803-349-3343

CR2E034 (10/97)