

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22788** (4)
1. Corporation Name
RALPH WHITEHEAD ASSOCIATES, INC.



Principal Place of Business 3733 UNIVERSITY BLVD. WEST SUITE 305 JACKSONVILLE FL 32217-2103	Mailing Address 3733 UNIVERSITY BLVD. WEST SUITE 305 JACKSONVILLE FL 32217-2103 P.O. Box 35624 Charlotte, NC 28235
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3. Date Incorporated or Qualified 01/31/1989	3a. Date of Last Report 05/01/1996
4. FFI Number 56-0730953	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 35624 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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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	FL 85 Zip Code

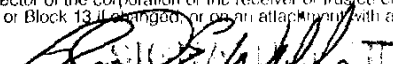
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 is applicable) (NOTE: Registered Agent Signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	WILLIAMS, RAYMOND
STREET ADDRESS	1201 GREENWOOD CLIFF
CITY-ST-ZIP	CHARLOTTE NC
TITLE	VPD
NAME	JENKINS, JAMES E
STREET ADDRESS	1201 GREENWOOD CLIFF
CITY-ST-ZIP	CHARLOTTE N.
TITLE	VD
NAME	COOK, CHARLES J.
STREET ADDRESS	1201 GREENWOOD CLIFF
CITY-ST-ZIP	CHARLOTTE NC
TITLE	VD
NAME	BRIGGS, RONALD C.
STREET ADDRESS	553 SOUTHLAKE BLVD
CITY-ST-ZIP	RICHMOND VA
TITLE	SD
NAME	MATTHIS, GENE S., II
STREET ADDRESS	1201 GREENWOOD CLIFF
CITY-ST-ZIP	CHARLOTTE NC
TITLE	TD
NAME	WHITE, WILLIS S., III
STREET ADDRESS	1201 GREENWOOD CLIFF
CITY-ST-ZIP	CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	PD
1.3 STREET ADDRESS	ROBERT H. BAUGHMAN
1.4 CITY-ST-ZIP	1201 GREENWOOD CLIFF CHARLOTTE, NC
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:  Raymond E. Williams 4/24/97 (704) 372-1885

CR2E034 (9/96)