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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P22788** **(4)**

1. Corporation Name
RALPH WHITEHEAD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3733 UNIVERSITY BLVD. WEST SUITE 305 JACKSONVILLE FL 32217-2103	PO BOX 35624 CHARLOTTE NC 28235 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1989

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	WILLIAMS, RAYMOND		1.2 NAME	ROBERT H. BAUGHMAN	
STREET ADDRESS	1201 GREENWOOD CLIFF		1.3 STREET ADDRESS	1201 GREENWOOD CLIFF	
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP	CHARLOTTE, NC	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, JAMES E		2.2 NAME		
STREET ADDRESS	1201 GREENWOOD CLIFF		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE N.		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COOK, CHARLES J.		3.2 NAME		
STREET ADDRESS	1201 GREENWOOD CLIFF		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, RONALD C.		4.2 NAME		
STREET ADDRESS	553 SOUTHLAKE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MATTHIS, GENE S., II		5.2 NAME		
STREET ADDRESS	1201 GREENWOOD CLIFF		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, WILLIS S., III		6.2 NAME		
STREET ADDRESS	1201 GREENWOOD CLIFF		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		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: _____ Raymond E. Williams 4/16/98 (704) 372-1600

CR2E034 (10/97)