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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22788

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 Qualifed: 01/31/1989

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 56-0730953 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	BAUGHMAN, ROBERT H.	
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	VD	☐ Change ☐ Addition
NAME	JENKINS, JAMES E		2.2 NAME	ZIMMERMAN, GEORGE T.	
STREET ADDRESS	1201 GREENWOOD CLIFF		2.3 STREET ADDRESS	3300 N.E. EXPRESSWAY	
CITY-ST-ZIP	CHARLOTTE N.		2.4 CITY-ST-ZIP	ATLANTA, GA	
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	TD	☐ Change ☐ Addition
NAME	WHITE, WILLIS S., III		6.2 NAME	WHITE, WILLIS S.,III	
STREET ADDRESS	~~1201 GREENWOOD CLIFF~~		6.3 STREET ADDRESS	3733 UNIVERSITY BLVD., W.,STE.305	
CITY-ST-ZIP	~~CHARLOTTE NC~~		6.4 CITY-ST-ZIP	JACKSONVILLE, FL	

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, with all other like empowered.

SIGNATURE: Raymond E. Williams 4/23/99 (704) 372-1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)