

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

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Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P23068** (0)  
1. Corporation Name  
**CHRISTMAN & PARSONS, INC.**



Principal Place of Business Mailing Address  
**505 GOSSETT ROAD (ROAD 57)**  
**P.O. BOX 5931**  
**SPARTANBURG SC 29304**

|                                |                         |                                                                                 |  |                                                                                                                                                  |                                              |
|--------------------------------|-------------------------|---------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business |                         | 2a. Mailing Address                                                             |  | 3. Date Incorporated or Qualified<br><b>02/21/1989</b>                                                                                           | 3a. Date of Last Report<br><b>01/23/1996</b> |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number<br><b>57-0480584</b>                                              |  | Applied For<br>Not Applicable                                                                                                                    |                                              |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | <b>\$8.75</b> Additional Fee Required                                                                                                            |                                              |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees                                                                                                               |                                              |
| 24. Country                    | 29. Country             | 30. Country                                                                     |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

9. Name and Address of Current Registered Agent

**O'MALLEY, ANDREW M.**  
**1190 ASHLEY TOWER**  
**100 S. ASHLEY DRIVE**  
**TAMPA FL 33602**

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

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                        | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SALTER, EUGENE LEA</b> | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>400 CHRISTOPHER RD</b> | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CAMPOBELLO SC</b>      | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>VTD</b>                | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MYERS, DUDLEY L.</b>   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>318 SPRINGWOOD DR.</b> | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>SPARTANBURG SC</b>     | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>S</b>                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FISHER, JUDY</b>       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>211 BOUNDARY DR</b>    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>SPARTANBURG SC</b>     | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 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 included 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, unchanged, or on an attachment with an address.

SIGNATURE: *E. Lea Salter* **E. Lea Salter** 3/17/97 84579-7840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010714

CR2E034 (9/96)