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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P23068

1. Corporation Name

Principal Place of Business

CHRISTMAN & PARSONS, INC.

505 GOSSETT ROAD (ROAD 57) P.O. BOX 5931 SPARTANBURG SC 29304		505 GOSSETT ROAD (ROAD 57) P.O. BOX 5931 SPARTANBURG SC 29304			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/21/1989
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21	<u> </u>	26			57-0480584 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State	9	City & State		·	6. Election Campaign Financing S5.00 May Be
23	-	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax.
	9. Name and Address of Curr	ent Registered Agent	- 04		10. Name and Address of New Registered Agent
· O'M/	ALLEY, ANDREW M.		81	Name	· · · · · · · · · · · · · · · · · · ·
1190 ASHLEY TOWER 100 S. ASHLEY DRIVE			82	Street	t Address (P.O. Box Number is Not Acceptable)
			83		
TAM	PA FL 33602		84	City	85 Zip Code
					d corporation submits this statement for the purpose of changing its registered
office or n	egistered agent or both in the Sta	ite of Florida. Such change was authorigations of, Section 607.0505, Florida	Statutes	the corp s.	poration's poard or directors. I nereby accept the appointment as registered  percuired when reinstating)  DATE
12.	OFFICERS	AND DIRECTORS	13.	- '	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	X) DELETE	1.1 TITLE		President Change X Addition
NAME	Salter, Eugene Lea		1.2 NAME		Franklin S. Campbell
STREET ADDRESS	400 CHRISTOPHER RD		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	CAMPOBELLO SC	XII	1.4 CITY-S	T-ZIP	Spartanburg, SC
TITLE	VTD	XI DELETE	2.1 TITLE		Vice President & Sec. Change X Addition
NAME	MYERS, DUDLEY L.		2.2 NAME		Gregg S. Campbell
STREET ADDRESS	318 SPRINGWOOD DR.			TADDRESS	J- 505 Gossett Roau
CITY-ST-ZIP	SPARTANBURG SC	XI DELETE	2.4 CITY-5 3.1 TITLE	SI-ZIP	Spartanburg, SC Change X Addition
TITLE	S   Fisher, Judy	tal betain	3.2 NAME		Vice PresFin. & Admin. Change X Addition
NAME STREET ADDRESS				T ADDRÉSS	Lioya n. case, or.
CITY-ST-ZIP	SPARTANBURG SC		3.4. CITY-		s 505 Gossett Road Spartanburg, SC
TITLE	GI AITIAIDONG GO	DELETE	4.1 TITLE	J. 42.	Vice President-Operations X Addition
NAME			4. 2 NAME		Ray Hoke
STREET ADDRESS			4.3 STREE	TADORESS	
CITY-ST-ŽIP i		<u>.</u>	4.4 CITY-5	ST-ZIP	Spartanburg, SC
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	S
CITY-ST-ZIP			5.4 CITY-5	T-ZIP	
TITLE ,	** *** *	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	T ADDRESS	
STREET ADDRESS	Į		0.3 STREE	ו אטטאנטט	9

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, with all other like empowered.

SIGNATURES

PRINTED MANY OF SIGNING OFFICER OR DIRECTOR

May 03, 1999 8:00 am Secretary of State

05-03-1999 90102 021 \*\*\*150.00