

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

001144

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90022 007 \*\*\*150.00

DOCUMENT # P31178

1. Corporation Name

FLAGSTAR SYSTEMS, INC.

Principal Place of Business

203 E MAIN ST. P-11-5  
SPARTANBURG SC 29319

Mailing Address

203 E MAIN ST. P-11-5  
SPARTANBURG SC 29319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1990

4. FEI Number

13-3413059

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPAS ☐ DELETE

NAME BARNETT, ROBERT M

STREET ADDRESS 203 E MAIN ST

CITY-ST-ZIP SPARTANBURG SC

TITLE VPT ☐ DELETE

NAME HUTCHISON, RONALD B

STREET ADDRESS 203 E MAIN STR

ST-ZIP SPARTANBURG SC

TITLE PSD ☐ DELETE

NAME PARISH, RHONDA J.

STREET ADDRESS 203 E MAIN ST

CITY-ST-ZIP SPARTANBURG SC

TITLE VPAS ☐ DELETE

NAME NELL, ROSS B

STREET ADDRESS 203 E MAIN ST

CITY-ST-ZIP SPARTANBURG SC

TITLE VP ☒ DELETE

NAME WOOD, STEPHEN W

STREET ADDRESS 203 E MAIN ST

CITY-ST-ZIP SPARTANBURG SC 29319

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Barrett, Robert M.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

29319

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME EVPIAS

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

29319

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

29319

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

29319

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Kenneth E. Jones

5.3 STREET ADDRESS 203 E. Main St.

5.4 CITY-ST-ZIP Spartanburg, SC 29319

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS Jeffrey M. Rhines

6.4 CITY-ST-ZIP 203 E. Main St. Spartanburg, SC 29319

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:

*Jeffrey M. Rhines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey M. Rhines, Asst. Sec. 1/7/99 864/597-8000

Date

Daytime Phone #

CR2E034 (11/98)