

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

**FILED**

**Feb 23 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 # P33089 (4)**

1. Corporation Name  
**THE E.B. MALONE CORPORATION**



Principal Place of Business: **MAIN STREET BASSETT VA 24055**

Mailing Address: **MAIN STREET BASSETT VA 24055**

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: **03/11/1991**

4. FEI Number: **59-1024510** 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

**LANDAU, CHARLES H. PHILIP E. BOOKER**  
309 S. ACUFF ROAD  
LAKE WALES FL 33853

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 in 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: *Philip E. Booker* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **Philip E. Booker V-P + G M** DATE: **2/11/98**

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SPILMAN, R.H.	
STREET ADDRESS	COUNTRY CLUB DR	
CITY-ST-ZIP	BASSETT VA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNSUCKER, G.A.	
STREET ADDRESS	1006 PLANTATION RD	
CITY-ST-ZIP	MARTINSVILLE VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOOKER, P.E.	
STREET ADDRESS	1320 STONEWALL JACKSON TR	
CITY-ST-ZIP	MARTINSVILLE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, PETER W DR	
STREET ADDRESS	4803 SULGRAVE ROAD	
CITY-ST-ZIP	RICHMOND VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT + C.O.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT H. SPILMAN, JR.	
1.3 STREET ADDRESS	310 PLANTATION ROAD	
1.4 CITY-ST-ZIP	MARTINSVILLE, VA 24055	
2.1 TITLE	CHAIRMAN + C.E.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL FULTON	
2.3 STREET ADDRESS	1093 E KENT ROAD	
2.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27104	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RON F. CLARK	
5.3 STREET ADDRESS	66 SHUFF RIDGE LANE	
5.4 CITY-ST-ZIP	WOOLWINE, VA 24185	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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\*\*\*150.00

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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.

CR2E034 (10/97)