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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33535

(6)

1. Corporation Name

W.G. PROPERTIES, INC. TIMBERLEAF ASSOCIATES OF ORLANDO

Principal Place of Business

Mailing Address

2431 HIGHWAY 501
P O BOX 260001
CONWAY SC 29526-9801

2431 HIGHWAY 501
P O BOX 260001
CONWAY SC 29526-9801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1991

3a. Date of Last Report

03/22/1994

4. FEI Number

57-0757936

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUILDER, J. LINDSAY, JR.
309 NORTH ORANGE AVENUE, SUITE 1300
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WALL, E.C., JR.
STREET ADDRESS 2431 HWY 501
CITY-ST-ZIP CONWAY SC

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ASAT
NAME WINBURN, K L
STREET ADDRESS 2431 HWY 501
CITY-ST-ZIP CONWAY SC

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

Horton, K. L.

TITLE VT
NAME GILBERT, FRAN B.
STREET ADDRESS 2431 HWY 501
CITY-ST-ZIP CONWAY SC

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME SMITH, SHARON C.
STREET ADDRESS 2431 HWY 501
CITY-ST-ZIP CONWAY SC

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

000001454690
-04/12/95--01082--014
****200.00 ****200.00

TITLE V
NAME STOWE, HAROLD C
STREET ADDRESS 2431 HWY 501
CITY-ST-ZIP CONWAY SC

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GIBSON, M.C.
STREET ADDRESS 306 E FIFTH ST
CITY-ST-ZIP LUMBERTON NC

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon C. Smith, Secretary

3-13-95

803-347-4251

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W. G. Properties, Inc. - 1995 Annual Report Cont'd

Directors Continued

D
T. C. Gibson
308 East 5th St.
Lumberton, NC 28358

D
Charles W. Godfrey
2431 Hwy. 501
Conway, SC 29526

D
Worth A. Kendall
9140 ArrowPoint Blvd.
Charlotte, NC 28217

D
W. F. Sledge
308 Powell St.
Whiteville, NC 28472

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