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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P36862

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

02-26-1999 90022 009 ***150.00

1. Corporatio	n Name							
FLAGST	AR COMPANIES, INC.							
							<u> (6) 8) 1) 1) 1) 1) 1) 1) 1</u>	
Principal Plac	Mailing Address							
203 E MAIN ST P-11-5 203 E MAIN ST P-11-5 SPARTANBURG SC 29319-9723 SPARTANBURG SC 29319-9				723		DO NOT WRITE IN 1	THIS SPACE	
						3. Date incorporated or Qualifed	TIIO OF ACE	
						12/30/1991		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
26						13-3487402	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	
27							Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00 Added 1	- 1
Zip	Country	Zip	Countr			Trust Fund Contribution 8. This corporation owes the current year		io rees
24	25	·	30	,		Personal Property Tax.	∏ Yes	□No
24	9. Name and Address of Curre		30,			10. Name and Address of New Registe	red Agent	
				Name				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83					
							95 7in (Code
			84	1			FL	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abou	e-named	corpor	ation submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing its	registered aistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statute	S.	o au	o poure of another in a coop accept the a	-	
SIGNATURE						when (einstating) DAT		
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Age	ent signature i	required v	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	PD DELETE		11 TITLE				☐ Change	☐ Addition
NAME	· =	ADAMSON, JAMES B						
STREET ADDRESS	F 44411 OF		1.3 STREE	ET ADDRESS	1			l :
CITY-ST-ZIP	SPARTANBURG SC 29319		1.4 CITY-	1.4 CITY-ST-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE		VO	ricfo	Change	☐ Addition
NAME	HUTCHISON, RONALD B		2.2 NAME		ļ			ļ
STREET ADDRESS	203 E MAIN ST 23		2.3 STREE	T ADDRESS				ĺ
CITY-ST-ZIP	SPARTANBURG SC 29319			2.4 CITY-ST-ZIP				
TITLE	*1.7		3.1 TITLE					Addition
NAME	NEEL, 11000 D		3.2 NAME					,
STREET ADDRESS	200 2. **** *** ***			TADDRESS				
CITY-ST-ZIP	SPARTANBURG SC 29319			ST-ZIP	-		☐ Change	☐ Addition
TITLE	VS DADICH DHONDA I				Ì			
NAME	PARISH, RHONDA J.			: Et address				
STREET ADDRESS	SPARTANBURG SC		4.3 STREE					
CITY-ST-ZIP TITLE	VP	☐ DELETE	5.1 TITLE	31. ZIF			☐ Change	☐ Addition
NAME	BARRETT, ROBERT M		5.2 NAME		İ			Ì
STREET ADDRESS	203 EAST MAIN ST		5,3 STREE	T ADDRESS				
CITY-ST-ZIP	SPARTANBURG SC 29319		5,4 CITY-	ST-ZIP				
TITLE	AS	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	RHINES, JEFFREY M		6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				i
CITY ST. 7ID	SPARTANBURG SC 29319		6.4 CITY-	ST-ZIP	1			

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.