

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 27 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 94000028205
1. Corporation Name

Corbel/NPA, Inc.

Principal Place of Business
128 S. Tryon Street
Charlotte, NC 28202

Mailing Address

3. Date Incorporated or Qualified
4/8/94

3a. Date of Last Report
1996

2. Principal Place of Business
21 128 S. Tryon Street

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
59-3244774

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Charlotte, NC

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
28202

25 Country
USA

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Fred H. Steffey
6620 Southpoint Drive South, Suite 300
Jacksonville, FL 32216

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Director ☐ DELETE
NAME Alan C. Stanford
STREET ADDRESS 128 S. Tryon Street
CITY-ST-ZIP Charlotte, NC 28202

TITLE Executive VP/CFO ☐ DELETE
NAME David A. Finley
STREET ADDRESS 128 S. Tryon Street
CITY-ST-ZIP Charlotte, NC 28202

TITLE Secretary ☐ DELETE
NAME Lillian N. Wilson
STREET ADDRESS 128 S. Tryon Street
CITY-ST-ZIP Charlotte, NC 28202

TITLE Treasurer ☐ DELETE
NAME Bryan Causey
STREET ADDRESS 128 S. Tryon Street
CITY-ST-ZIP Charlotte, NC 28202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
400002227734--3
-07/01/97--01058--003
****550.00 ****550.00
☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian N. Wilson/Secretary 6/25/97

Date Daytime Phone #

CR2E034 (9/96)