PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037562

GREER CAPITAL MANAGEMENT COMPANY

Principal Place of Business Mailing Address 125 WORTH AVE 125 WORTH AVE STF 212 STE 212 DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 PALM BEACH FL 33414 3. Date Incorporated or Qualifed 05/11/1995 4. FEI Number Applied For 65-0579226 Not Applicable 26 \$8.75 Additional 5. Certifcate of Status Desired \Box Fee Required 6 Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE SUTIE 500 EAST 83 到了多种基本 W PALM BEACH FL 33401 84 85 Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETÉ PERECTOR Change 1.1 TITLE TITLE THURSTON III, LOCUT. 1.2 NAME GREER, J. BRADFORD NAME 2419 RED FOXTRAIL 1.3 STREET ADDRESS 133 FORESTER CT STREET ADDRESS CHARLOTTE, NC W PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE CITAECTOR TITLE \ SMETHUR. ANDREW 1 22 NAME NAME BREKUS, GORDON L. .120, DUNBAR, RD 2.3 STREET ADDRESS 2143 MENTO ROAD STREET ADDRESS PALM BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ DELETE 3.1 TITLE DVAS 3.2 NAME KEMBLE, WILLIAM T JR NAME 3.3 STREET ADDRESS STREET ADDRESS 206 CARRIBEAN RD PALM BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE PENDERGAST, GERARD J. 4 2 NAME NAME 576 E RAMBLING DR 4.3 STREET ADDRESS STREET ADDRESS W PALM BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 5.1 TITLE TITLE BLACKMON, M G 5.2 NAME NAME 5.3 STREET ADDRESS 832 FOREST GLEN LN STREET ADDRESS 54 CITY-ST-ZIP WPB FL 33414 CITY-ST-ZIP 6.1 TITLE ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 or application with an address, with all other like empowered. Block 12 or Block 13 if changed, or

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

FILED May 04, 1999 8:00 am

Secretary of State

05-04-1999 90064 004 ***150.00

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