

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

FILED  
Jun 02 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 # P97000016815 (7)

1. Corporation Name

CAROLINA FLORIDA PROPERTIES AF#2, INC.

Principal Place of Business

1430 EAST ROBINSON  
ORLANDO FL 32801

Mailing Address

1430 EAST ROBINSON  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

59-3445000

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

2. Principal Place of Business

21 Suntrust Tower  
Suite, Apt. #, etc.  
200 South Orange Ave.  
22 Suite 2850  
City & State

23 Orlando, FL  
Zip Country

24 32801 25 USA

2a. Mailing Address

26 P.O. Box 2265  
Suite, Apt. #, etc.

27

City & State

28 Hickory, NC  
Zip Country

29 28603 30 USA

9. Name and Address of Current Registered Agent

F & L CORP.  
THE GREENLEAF BUILDING, THIRD FLOOR  
200 LAURA STREET  
JACKSONVILLE FL 32202-5327

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, 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME Al French  
STREET ADDRESS 200 South Orange Ave. Suite  
CITY-ST-ZIP Orlando, FL 32801 2850

TITLE P. Vice-President  
NAME Edward Neill  
STREET ADDRESS 2965 Tate Boulevard, SE  
CITY-ST-ZIP Hickory, NC 28601

TITLE Secretary/Treasurer/Director  
NAME Thomas Hager  
STREET ADDRESS 723 S. Sharon Annex, Suite  
CITY-ST-ZIP Charlotte, NC 28211 120

TITLE Director  
NAME Lee G. Brown  
STREET ADDRESS Pro. Box 2265 Suite 208  
CITY-ST-ZIP Hickory, NC 28602

TITLE Director  
NAME Rick Berry  
STREET ADDRESS Pro. Box 644 100 Main Ave. NW  
CITY-ST-ZIP Hickory, NC 28603 Suite 500

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

CP2E034 (10/97)