

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90003 017 ***150.00

DOCUMENT # P97000016815

1. Corporation Name

CAROLINA FLORIDA PROPERTIES AF#2, INC.

Principal Place of Business

SUNTRUST TOWER
200 S ORANGE AVE. STE 2850
ORLANDO FL 32801
US

Mailing Address

P O BOX 2265
HICKORY NC 28603
US

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 P ☒ DELETE
NAME FRENCH, AL
STREET ADDRESS 200 S ORANGE AVE, STE 2850
CITY-ST-ZIP ORLANDO FL 32801

1.1 TITLE Vice-President ☐ Change ☒ Addition
1.2 NAME R. Keith Townsend
1.3 STREET ADDRESS 201 Government Ave. SW, Suite 208
1.4 CITY-ST-ZIP Hickory, NC 28602

TITLE VP ☐ DELETE
NAME NEILL, EDWARD
STREET ADDRESS 2965 TATE BLVD SE
CITY-ST-ZIP HICKORY NC 28601

2.1 TITLE President, Director ☒ Change ☐ Addition
2.2 NAME Neill, Edward
2.3 STREET ADDRESS 2965 Tate Blvd. SE
2.4 CITY-ST-ZIP Hickory, NC 28601

TITLE STD ☐ DELETE
NAME HAGER, THOMAS
STREET ADDRESS 723 S SHARON AMITY, STE 120
CITY-ST-ZIP CHARLOTTE NC 28211

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

TITLE D ☐ DELETE
NAME BROWN, LEE G
STREET ADDRESS 201 GOVERNMENT AVE SW, STE 208
CITY-ST-ZIP HICKORY NC 28602

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

TITLE D ☐ DELETE
NAME BERRY, RICK
STREET ADDRESS 100 MAIN AVE N STE 500
CITY-ST-ZIP HICKORY NC 28601

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

828-345-0131

CR2E034 (11/98)