1998

FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name P97000082220 (9)

CAROLINA FLORIDA PROPERTIES AF#4, INC.

**FILED** Aug 19 1998 8:00am Secretary of State



| i i i i i i i i i i i i i i i i i i i  | Withing Address   |                         |   | 1  |                         |                       |  |
|--|---|-------------------------|---|--|-------------------------|-----------------------|--|
| 1416 E ROBINSON STREET   | 4416 E ROBINSON STREET  |                         |   |  |                         |                       |  |
| QRIANDO FL 92001   | ORLANDO-FL 02001*   |                         |   | DO NOT WRITE IN THE  | e edace                 | :                     |  |
|  |   |                         |   | 3. Date Incorporated or Qualified  | 3 OF ACL                | -<br>                 |  |
|  |   |                         |   |  |                         |                       |  |
|  | 7   |                         |   | 09/23/1997   |                         | - <del></del>         |  |
| 2. Principal Place of Business   | 2a. Mailing Address   | ~ ~                     |   | 4. FEI Number  | <b>⊢</b>                | Applied For           |  |
| 21 200 S. Orango Ave   | 26 P.O. BOX   | <u> </u>                | 265   | 59-3519941   |                         | Not Applicable        |  |
| Sulte, Apt. #, etc.  | Suite, Apt. #, etc.   |                         |   | 5. Certificate of Status Desired   | \$8.7                   | 75 Additional         |  |
| 22 Surite 2,850  | 27  |                         |   | - Continued of Otalias Besides   | Fe                      | e Required            |  |
| City & State   | City & State  |                         |   | 6. Election Campaign Financing   | \$5.                    | 00 May Be             |  |
| 23 Orlando, FL   | rlando, FL 28 Hickory NC  |                         |   | Trust Fund Contribution Added to Fees  |                         |                       |  |
| Zip Country  | Zip   | Country                 |   | 8. This corporation owes or has paid the cu  | rrent vea               | r Intangible          |  |
| 24 25 USA  | 29 28603 30   | 1 us                    | SA  | 1  | Yes                     | □ No                  |  |
| 9. Name and Address of Current   | Registered Agent  | 1 1                     | ~. <del>' - ' - · - · -</del> · · · · · · · · · · · · · · | 10. Name and Address of New Registered   | Agent                   |                       |  |
| F & L CORP.  |   | 81                      | Name  |  |                         |                       |  |
| 200 LAURA STREET   |   |                         |   |  |                         |                       |  |
|  |   |                         | 82 Street Address (P.O. Box Number is Not Acceptable)     |  |                         |                       |  |
| THIRD FLOOR  |   | 83                      |   |  |                         |                       |  |
| JACKSONVILLE FL 32202-3527   |   | 63                      |   |  |                         |                       |  |
|  |   | 84                      | City  |  | 85                      | Zip Code              |  |
|  |   | 1 1                     |   | Fi   | _                       |                       |  |
| 11. Pursuant to the provisions of sections 607.0502  | and 607.1508, Florida Statutes, the                                   | he above-               | named corpor  | ation submits this statement for the purpose of c  | hanging i               | ts registered         |  |
| office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation  | f Florida. Such change was auth<br>ions of section 607 0505. Florida  | orized by<br>a Statutes | the corporatio  | on's board of directors. I hereby accept the appo  | intment a               | is registered         |  |
| •  | 101d  | a Statutes              |   |  |                         |                       |  |
| SIGNATURE Signature, typed or printed name of registered agent 8   | and title if applicable (NOTE:  | Registered Ar           | ant signature requi                                       | ired when reinstating) DATE  |                         |                       |  |
| 12. OFFICERS AND   | ··· ··· ·· · · · · · · · · · · · · · ·                                | 13.                     |   | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRE                 | CTORS IN 12           |  |
| TITLE President  | DELETE  | 1.1 TITLE               |   |  | Char                    |                       |  |
| NAME Edward Neill  | C Deceie  | 1.2 NAME                | 1   |  | [] Ullai                | ige Addition          |  |
|  | and SE  |                         |   |  |                         |                       |  |
|  |   | 1.3 STREET              |   |  |                         |                       |  |
| CITYSTZIP HICKOLY NC 2   |   | 1.4 CITY-ST-            | ZIP   |  | <del></del>             |                       |  |
| Vice - President   | DELETE  | 2 1 TITLE               | }   |  | Char                    | nge Addition          |  |
| NAME AI French   |   | 2.2 NAME                |   |  |                         |                       |  |
| STREET ADDRESS 200 South Oran  | ge Ave. Suige   | 2.3 STREET              | ADDRESS   |  |                         |                       |  |
| CITYST-ZIP OCLANDO FL  | 2850  | 2.4 CITY-ST-            | ZIP   |  |                         |                       |  |
| TITLE DICECTOR   | DELETE  | 3.1 TITLE               |   |  | Char                    | nge Addition          |  |
| NAME Lee G. Brown  | 2   | 3.2 NAME                | - (   |  |                         | .g                    |  |
| STREET ADDRESS 301 GOVERN  | A Aug. Suite  | 3.3 STREET              | ADDECC  |  |                         |                       |  |
| OFFICE AND STATE OF THE STATE O | 208   |                         | ,   | +  |                         |                       |  |
| TITLE Treasurer Secretary  | D.Caura   | 3.4 CITY-ST-            | ZIP   | <u>_</u>   | T-1                     |                       |  |
| Treasurer   Secretary  | DELETE  | 4.1 TITLE               | 1   |  | Char                    | nge L Addition        |  |
| NAME Thomas Hager  | A   | 4.2 NAME                |   |  |                         |                       |  |
| STREET ADDRESS 723 5. Sheron 1   | conty, suite 120  | 4.3 STREET              | ADDRESS   |  |                         |                       |  |
| City-St-ZiP  |   | 4.4 CITY-ST-            | ZIP   |  |                         |                       |  |
| TITLE DICECTOR   | DELETE  | 5.1 TITLE               |   |  | Char                    | nge Addition          |  |
| NAME Rick Berry  |   | 5.2 NAME                | }   |  |                         |                       |  |
| STREET ADDRESS 100 main Ave. Nu  | 1, Suite 500  | 5.3 STREET              | ADDRESS   |  |                         |                       |  |
|  | 601   | 5.4 CITY-ST-            | 1   |  |                         | 1                     |  |
| TITLE HICKON NC 18   |   | 6.1 TITLE               | <u> </u>  |  | 77.                     | [] •acc               |  |
|  | L DELETE  | i                       | \   |  | L Char                  | nge Addition          |  |
| NAME   |   | 6.2 NAME                | }   |  |                         |                       |  |
| STREET ADDRESS   |   | 6.3 STREET              | ADDRESS   |  |                         |                       |  |
| CITY-ST-ZIP  |   | 6.4 CITY-ST-            |   |  |                         | <del> </del>          |  |
| <ol> <li>I hereby certify that the information supplied with the<br/>indicated on this annual report or supplemental ar</li> </ol>   | nis filing does not qualify for the e                                 | exemption               | stated in secti   | ion 119.07(3)(i), Florida Statutes. I further certify  | that the i              | nformation            |  |
| an officer of director of the corporation or the rece  | inual report is true and accurate<br>liver or trustee empowered to ex | ecute this              | ny signature :<br>report as req                           | snail have the same legal effect as if made und<br>uired by Chapter 607, Florida Statutes; and tha | er oatn; ti<br>t my nam | nat i am<br>e appears |  |