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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 047 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000006933

1. Corporation Name

ROYAL WARRANTY SERVICES, INC.

Principal Place of Business
9300 ARROWPIONT BLVD
CHARLOTTE NC 28273

Mailing Address
9300 ARROWPIONT BLVD
CHARLOTTE NC 28273

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

56-2065875

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE CD
NAME SIMMONS, LARRY
STREET ADDRESS 9300 ARROWPIONT BLVD
CITY-ST-ZIP CHARLOTTE NC 28273

TITLE D
NAME BUSHEY, GERALD B
STREET ADDRESS 9300 ARROWPIONT BLVD
CITY-ST-ZIP CHARLOTTE NC 28273

TITLE D
NAME FISHER, JOSEPH F
STREET ADDRESS 9300 ARROWPIONT BLVD
CITY-ST-ZIP CHARLOTTE NC 28273

TITLE D
NAME MCDONALD, J. DAVID
STREET ADDRESS 9300 ARROWPIONT BLVD
CITY-ST-ZIP CHARLOTTE NC 28273

TITLE D
NAME WHEELER, JOYCE W
STREET ADDRESS 9300 ARROWPIONT BLVD
CITY-ST-ZIP CHARLOTTE NC 28273

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Rood, Benjamin J.
1.3 STREET ADDRESS 9300 Arrowpoint Boulevard
1.4 CITY-ST-ZIP Charlotte, NC 28273

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Bushey, Gerald B.
2.3 STREET ADDRESS 9300 Arrowpoint Boulevard
2.4 CITY-ST-ZIP Charlotte, NC 28273

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Gowen, Lawrence W.
3.3 STREET ADDRESS 9300 Arrowpoint Boulevard
3.4 CITY-ST-ZIP Charlotte, NC 28273

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

5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME Wheeler, Joyce W.
5.3 STREET ADDRESS 9300 Arrowpoint Boulevard
5.4 CITY-ST-ZIP Charlotte, NC 28273

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: *J Wheeler* SIGNATURE REQUIRED Joyce W. Wheeler, Secretary 1/18/99 704/522-3516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)