

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

DOCUMENT # P98000042165

1. Corporation Name
CFP #5, INC.

Principal Place of Business Mailing Address
1201 HAYS STREET Suntrust Tower 1201 HAYS STREET P.O. Box 2265
TALLAHASSEE FL 32301 200 S. Orange Ave. TALLAHASSEE FL 32301 Hickory, NC
Suite 2850 28603
Orlando, FL 32801

2. Principal Place of Business 2a. Mailing Address
21 Suntrust Tower 26 P.O. Box 2265
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 200 S. Orange Ave. 27
City & State City & State
23 Orlando, FL 28 Hickory, NC
Zip Country Zip Country
24 32801 25 USA 29 28603 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

59-3510728

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	NEIL, EDWARD C	100 NORTH TRYON STREET FLOOR 47	CHARLOTTE NC 28202-4003	<input type="checkbox"/>
STD	HAGER, THOMAS A	100 NORTH TRYON STREET FLOOR 47	CHARLOTTE NC 28202-4003	<input type="checkbox"/>
D	BROWN, LEE G	100 NORTH TRYON STREET FLOOR 47	CHARLOTTE NC 28202-4003	<input type="checkbox"/>
D	TOWNSEND, R K	100 NORTH TRYON STREET FLOOR 47	CHARLOTTE NC 28202-4003	<input type="checkbox"/>
D	BERRY, RICHARD D JR.	100 NORTH TRYON STREET FLOOR 47	CHARLOTTE NC 28202-4003	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

R. Keith Townsend, R. K. Townsend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

Date

828-345-0131

Daytime Phone #

CR2E034 (11/98)

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90211 020 ***150.00



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