SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:11

DOCUMENT # **S07408** **(5)**

1. Corporation Name

FIRST SOUTH SALES AND CONSULTING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 14947 1014 HOMELAND AVE. GREENSBORO NC 27415-1947	P.O. BOX 14947 1014 HOMELAND AVE. GREENSBORO NC 27415-1947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1990
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business	2a. Mailing Address
21 2401-A Montreal Avenue	26 P. O. Box 14280
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Greensboro, NC	City & State 28 Greensboro, NC
Zip 24 27406 / County 25 USA	Zip 29 27415-4280 / County 30 USA

4. FEI Number: 58-1920675 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOCKE BARBARA EHRICH
HOLLAND & KNIGHT
701 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: William T. Stover
82 Street Address (P.O. Box Number is Not Acceptable): ~~92140 US Highway No. 1~~
83 Suite 11
84 City: Tavernier **FL** 85 Zip Code: 33070

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] 6-13-95
(Signature typed or printed name of registered agent is unacceptable) (If FL registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	11 TITLE		☒ Change ☐ Addition
NAME	STOVER, WILLIAM T.	12 NAME		
STREET ADDRESS	1014 HOMELAND AVE.	13 STREET ADDRESS	92140 US Highway No. 1, Suite 11	
CITY ST ZIP	GREENSBORO NC 27405	14 CITY ST ZIP	Tavernier, FL 33070	
TITLE	DPT	21 TITLE		☒ Change ☐ Addition
NAME	CROWSON, THOMAS B	22 NAME		
STREET ADDRESS	1014 HOMELAND AVE.	23 STREET ADDRESS	2401-A Montreal Avenue	
CITY ST ZIP	GREENSBORO NC 27405	24 CITY ST ZIP	Greensboro, NC 27406	
TITLE	AS	31 TITLE		☒ Change ☐ Addition
NAME	PELL, MYRA M	32 NAME		
STREET ADDRESS	1014 HOMELAND AVE.	33 STREET ADDRESS	2401-A Montreal Avenue	
CITY ST ZIP	GREENSBORO NC 27405	34 CITY ST ZIP	Greensboro, NC 27406	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] President 6/12/95 910-273-8175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas B. Crowson

0176023 FN