

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S07408 (5)

1. Corporation Name

FIRST SOUTH SALES AND CONSULTING, INC.



Principal Place of Business

Mailing Address

**2401-A MONTREAL AVE
1014 HOMELAND AVE.
GREENSBORO NC 27406
US**

**P O BOX 14280
1014 HOMELAND AVE.
GREENSBORO NC 27415-4280
US**

2. Principal Place of Business

21 2401-A Montreal Avenue

Suite, Apt. #, etc.

**22 City & State
Greensboro, NC**

Zip

24 27406

Country

25 USA

2a. Mailing Address

26 P. O. Box 14280

Suite, Apt. #, etc.

**27 City & State
Greensboro, NC**

Zip

29 27415

Country

30 USA

3. Date Incorporated or Qualified
10/22/1990

3a. Date of Last Report
06/21/1995

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

10. Name and Address of New Registered Agent

**STOVER, WILLIAM T
92140 US HWY 1
STE 11
TAVERNIER FL 33070**

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 required when filing by mail

William T. Stover 1/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DVS
STOVER, WILLIAM T.
92140 US HWY 1 STE 11
TAVERNIER FL**

CITY - ST - ZIP

TITLE ☐ DELETE

**DPT
CROWSON, THOMAS B
2401 A MONTREAL AVE
GREENSBORO NC**

CITY - ST - ZIP

TITLE ☐ DELETE

**AS
PELL, MYRA M
2401-A MONTREAL AVE
GREENSBORO NC**

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Thomas B. Crowson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Crowson, President 1/22/96 (910) 273-

Date Daytime Phone # **8175**

CR2E034 (12/95)