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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

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

23 Greensboro, NC

Zip

24 27406

Country

25 USA

2a. Mailing Address

26 P. O. Box 14280

Suite, Apt. #, etc.

27

City & State

28 Greensboro, NC

Zip

29 27415

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/22/1990

3a. Date of Last Report

02/09/1996

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

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 607.0302 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 607.0605, Florida Statutes.

SIGNATURE

William T. Stover

1/10/97

Signature of individual named in Block 9 as registered agent or as appointing agent.

Signature of Registered Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE

NAME STOVER, WILLIAM T.
STREET ADDRESS 92140 US HWY 1 STE 11
CITY - ST - ZIP TAVERNIER FL

TITLE DPT ☐ DELETE

NAME CROWSON, THOMAS B
STREET ADDRESS 2401 A MONTREAL AVE
CITY - ST - ZIP GREENSBORO NC

TITLE AS ☐ DELETE

NAME PELL, MYRA M
STREET ADDRESS 2401-A MONTREAL AVE
CITY - ST - ZIP GREENSBORO NC

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Myra M. Pell

Myra M. Pell

1/9/97

910-273-8175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

Date

Daytime Phone

CR2E034 (9/96)