SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

APPROVED AND FILED

95 JUL -5 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S52757** (9)

1. Corporation Name

ROBAL OF CHARLESTON, INC.

Principal Place of Business
60 CALHOUN ST
CHARLESTON SC 29401-3508

Mailing Address
60 CALHOUN ST
CHARLESTON SC 29401-3508

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 57-0934144 — 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

MCANNAR, DANIEL B.
8000 N FEDERAL HWY
BOCA RATON FL 33487

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: [illegible] Registered Agent signature required when executing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCANNAR, DANIEL B.	1.2 NAME	
STREET ADDRESS	800 ROBERT E. LEE BLVD.	1.3 STREET ADDRESS	
CITY, ST., ZIP	CHARLESTON SC	1.4 CITY, ST., ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, MICHAEL J.	2.2 NAME	
STREET ADDRESS	1061 JOHNNIE DODDS, B-8	2.3 STREET ADDRESS	
CITY, ST., ZIP	MT. PLEASANT SC	2.4 CITY, ST., ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCANNAR, THERESA M.	3.2 NAME	
STREET ADDRESS	800 ROBERT E. LEE BLVD.	3.3 STREET ADDRESS	
CITY, ST., ZIP	CHARLESTON SC	3.4 CITY, ST., ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST., ZIP		4.4 CITY, ST., ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST., ZIP		5.4 CITY, ST., ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST., ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Michael J. McNamara MICHAEL J. McNAMARA 6/29/95 (803)7235640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #

CR2E034 (3/95)

0180137 FN