


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 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 # 831341 (3) 1. Corporation Name FARMINGTON, INCORPORATED			
Principal Place of Business TWO FIRST UNION CENTER, CONT-1-0200 CHARLOTTE, N C 28288		Mailing Address TWO FIRST UNION CENTER, CONT-1-0200 CHARLOTTE, N C 28288	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE #420 FIRST FLORIDA BANK BLDG. TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	MAYNOR, JAMES E		
STREET ADDRESS	TWO FIRST UNION CENTER		
CITY-ST-ZIP	CHARLOTTE NC		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	
NAME	ROERT B. PROPST		
STREET ADDRESS	TWO FIRST UNION CENTER		
CITY-ST-ZIP	CHARLOTTE NC		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	MILLER, JERRY M., JR.		
STREET ADDRESS	ONE FIRST UNION CENTER		
CITY-ST-ZIP	CHARLOTTE, NC.		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	COWELL, JR., MARION A.		
STREET ADDRESS	ONE FIRST UNION CENTER		
CITY-ST-ZIP	CHARLOTTE NC		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MELTON, BURT H.		
STREET ADDRESS	ONE FIRST UNION CENTER		
CITY-ST-ZIP	CHARLOTTE NC		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	HATCH, JAMES		
STREET ADDRESS	TWO FIRST UNION CENTER		
CITY-ST-ZIP	CHARLOTTE NC		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	J. DAVID YORKER		
2.3 STREET ADDRESS	TWO FIRST UNION CENTER		
2.4 CITY-ST-ZIP	CHARLOTTE, N.C. 28288		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1973	3a. Date of Last Report 04/23/1996
4. FEI Number 56-0896756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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: _____ SIGNATURE REQUIRED

CR2E034 (4/97)