

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 # **857036** (8)

1. Corporation Name
FAISON-JACKSONVILLE PROPERTIES, INC.



Principal Place of Business: 121 W TRADE ST. SUITE 1900 ATTN: LEGAL DEPT. CHARLOTTE NC 28202
Mailing Address: 121 W TRADE ST. SUITE 1900 ATTN: LEGAL DEPT. CHARLOTTE NC 28202

3. Date Incorporated or Qualified: 07/07/1983
3a. Date of Last Report: 09/25/1995
4. FEI Number: 56-1372001
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

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

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	DC	<input type="checkbox"/> DELETE
NAME	FAISON, HENRY J	
STREET ADDRESS	121 WEST TRADE ST., STE. 1900	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NORWOOD, PHILIP W	
STREET ADDRESS	121 W. TRADE ST., STE. 1900	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LIPTAK, ROBERT W	
STREET ADDRESS	121 WEST TRADE ST., STE. 1900	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	WHITAKER, BILLIE R	
STREET ADDRESS	121 W. TRADE ST., STE 1900	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SPEED, ELIZABETH M	
STREET ADDRESS	121 W. TRADE ST., SUITE 1900	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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: ELIZABETH M. SPEED 1-15-96 704-331-2524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)