

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001010

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90023 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 857036

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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 121 W TRADE STE 2550 CHARLOTTE NC 23 28202 USA	2a. Mailing Address 26 121 W TRADE STE 2550 CHARLOTTE NC 28 28202 USA
---	--

3. Date Incorporated or Qualified 07/07/1983	4. FEI Number 56-1372001	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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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	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	ALLEN S JACKSON JR	
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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	121 W TRADE STE 2550
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	121 W TRADE STE 2550
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	121 W TRADE STE 2550
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	121 W TRADE STE 2550
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS DIANE K HUNTER
5.3 STREET ADDRESS	121 W TRADE STE 2550
5.4 CITY-ST-ZIP	CHARLOTTE NC 28202
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 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, with all other like empowered.

SIGNATURE: *Diane K. Hunter* 4-26-99 704-972-2500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Diane K. Hunter ASSISTANT SECRETARY

CR2E034 (1/98)