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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P22788** (4)

1. Corporation Name
RALPH WHITEHEAD ASSOCIATES, INC.

Principal Place of Business Mailing Address

PO BOX 35624 CHARLOTTE NC 28235 PO BOX 35624 CHARLOTTE NC 28235

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/31/1989	05/01/1994
22. City & State		27. City & State		4. FBI Number	Applied For
23. Zip		28. Zip		56-0730953	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
26		31		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		32		<input type="checkbox"/>	<input type="checkbox"/>
28		33		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29		34		<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	VD <i>Raymond E. Williams</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUGHMAN, ROBERT H	1.2 NAME	<i>1201 Greenwood Cliff</i>
STREET ADDRESS	1201 GREENWOOD CLIFF	1.3 STREET ADDRESS	<i>Charlotte, NC 28204</i>
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JAMES E	2.2 NAME	
STREET ADDRESS	1201 GREENWOOD CLIFF	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE N.	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, CHARLES J.	3.2 NAME	
STREET ADDRESS	1201 GREENWOOD CLIFF	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, RONALD C.	4.2 NAME	
STREET ADDRESS	553 SOUTHLAKE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	RICHMOND VA	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHIS, GENE S., II	5.2 NAME	
STREET ADDRESS	1201 GREENWOOD CLIFF	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	5.4 CITY - ST - ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WILLIS S., III	6.2 NAME	
STREET ADDRESS	1201 GREENWOOD CLIFF	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	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 110.07(3)(b), 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: *Raymond E. Williams* *Raymond E. Williams* 4/27/95 704-372-1885
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Signature Please)