

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91461 016 ***150.00

0623091 AT

DOCUMENT # P22788

1. Entity Name
RALPH WHITEHEAD ASSOCIATES, INC.



Principal Place of Business
**4348 SOUTHPOINT BLVD
STE 310
JACKSONVILLE FL 32216**

Mailing Address
**PO BOX 35624
CHARLOTTE NC 28235-5624
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-0730953**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--------------------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JENKINS, JAMES E | |
| STREET ADDRESS | 1000 W. MOREHEAD, STE. 200 | |
| CITY-ST-ZIP | CHARLOTTE NC | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, RAYMOND E | |
| STREET ADDRESS | 1000 W. MOREHEAD, STE. 200 | |
| CITY-ST-ZIP | CHARLOTTE N. | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MATTHIS, G. STUART II | |
| STREET ADDRESS | 1000 W. MOREHEAD, STE. 200 | |
| CITY-ST-ZIP | CHARLOTTE NC | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, WILLIS S III | |
| STREET ADDRESS | 3733 UNIVERSITY BLVD., STE. 305 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | BAUGHMAN, ROBERT H | |
| STREET ADDRESS | 1000 W. MOREHEAD, STE. 200 | |
| CITY-ST-ZIP | CHARLOTTE NC | |
| TITLE | R D | <input type="checkbox"/> Delete |
| NAME | KELLEY, KENNETH T | |
| STREET ADDRESS | 3733 UNIVERSITY BLVD STE 305 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |

| | | |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE | Chairman/V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ronald C. Briggs | |
| STREET ADDRESS | 10800 Midlothian Turnpike | |
| CITY-ST-ZIP | Richmond, VA 23235 | |
| TITLE | Asst. Sec., Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brian D. Dehler | |
| STREET ADDRESS | 1000 West Morehead Street | |
| CITY-ST-ZIP | Charlotte, NC 28208 | |
| TITLE | Asst. Treasurer/ Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gregory R. Sigmon | |
| STREET ADDRESS | 1000 West Morehead Street | |
| CITY-ST-ZIP | Charlotte, NC 28208 | |
| TITLE | Vice Pres./ Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | George T. Zimmerman | |
| STREET ADDRESS | 3505 Koger Boulevard | |
| CITY-ST-ZIP | Duluth, GA 30096 | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jeffrey L. Gagne | |
| STREET ADDRESS | 1000 West Morehead Street | |
| CITY-ST-ZIP | Charlotte, NC 28208 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

Edward Jenkins

4/23/03

704/372-1885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward Jenkins, President

Date

Daytime Phone #

CR2E034 (10/02)