

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22788** (4)

1. Corporation Name  
**RALPH WHITEHEAD ASSOCIATES, INC.**



Principal Place of Business: **PO BOX 35624 CHARLOTTE NC 28235**  
Mailing Address: **PO BOX 35624 CHARLOTTE NC 28235**

3. Date Incorporated or Qualified: **01/31/1989**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **56-0730953**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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, 83, 84 City, 85 Zip Code **FL**

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: \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VD</b>	NAME: <b>WILLIAMS, RAYMOND</b>	1.1 TITLE: <b>PD</b>	NAME: <b>ROBERT H. BAUGHMAN</b>
STREET ADDRESS: <b>1201 GREENWOOD CLIFF</b>	CITY-ST-ZIP: <b>CHARLOTTE NC</b>	1.3 STREET ADDRESS: <b>170 CARI LANE</b>	CITY-ST-ZIP: <b>MATTHEWS, NC</b>
TITLE: <b>VPD</b>	NAME: <b>JENKINS, JAMES E</b>	2.1 TITLE:	NAME:
STREET ADDRESS: <b>1201 GREENWOOD CLIFF</b>	CITY-ST-ZIP: <b>CHARLOTTE N.</b>	2.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>VD</b>	NAME: <b>COOK, CHARLES J.</b>	3.1 TITLE:	NAME:
STREET ADDRESS: <b>1201 GREENWOOD CLIFF</b>	CITY-ST-ZIP: <b>CHARLOTTE NC</b>	3.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>VD</b>	NAME: <b>BRIGGS, RONALD C.</b>	4.1 TITLE:	NAME:
STREET ADDRESS: <b>553 SOUTHLAKE BLVD</b>	CITY-ST-ZIP: <b>RICHMOND VA</b>	4.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>SD</b>	NAME: <b>MATTHIS, GENE S., II</b>	5.1 TITLE:	NAME:
STREET ADDRESS: <b>1201 GREENWOOD CLIFF</b>	CITY-ST-ZIP: <b>CHARLOTTE NC</b>	5.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>TD</b>	NAME: <b>WHITE, WILLIS S., III</b>	6.1 TITLE:	NAME:
STREET ADDRESS: <b>1201 GREENWOOD CLIFF</b>	CITY-ST-ZIP: <b>CHARLOTTE NC</b>	6.3 STREET ADDRESS:	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: *Raymond E. Williams* **Raymond E. Williams** 4/30/96 704-572-188

CR2E034 (12/95)