


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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P22788 (4)**  
 1. Corporation Name  
**RALPH WHITEHEAD ASSOCIATES, INC.**



Principal Place of Business: 9733 UNIVERSITY BLVD. WEST SUITE 305 JACKSONVILLE FL 32217-2103

Mailing Address: 9733 UNIVERSITY BLVD. WEST SUITE 305 JACKSONVILLE FL 32217-2103 P.O. Box 35624 Charlotte, NC 28235

3. Date Incorporated or Qualified: 01/31/1989  
 3a. Date of Last Report: 05/01/1996

4. FEI Number: 56-0730953  
 Applied For: Not Applicable

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 Country

24 25

2a. Mailing Address

26 P.O. Box 35624

27 Suite, Apt. #, etc.

28 Charlotte, NC 28235

29 Zip Country

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 (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

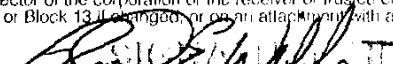
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	VD	1.1 TITLE	
NAME	WILLIAMS, RAYMOND	1.2 NAME	PD
STREET ADDRESS	1201 GREENWOOD CLIFF	1.3 STREET ADDRESS	ROBERT H. BAUGHMAN
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	1201 GREENWOOD CLIFF
TITLE	VPD	2.1 TITLE	
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	
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	
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	
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	
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	

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 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.

SIGNATURE:  Raymond E. Williams Date: 4/24/97 Daytime Phone: (704) 372-1885

CR2E034 (9/96)