

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90178 003 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P22788**

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



Principal Place of Business  
 3733 UNIVERSITY BLVD. WEST  
 SUITE 305  
 JACKSONVILLE FL 32217-2103

Mailing Address  
 PO BOX 35624  
 CHARLOTTE NC 28235  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/31/1989**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RAYMOND	
STREET ADDRESS	1201 GREENWOOD CLIFF	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JENKINS, JAMES E	
STREET ADDRESS	1201 GREENWOOD CLIFF	
CITY-STATE-ZIP	CHARLOTTE N.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COOK, CHARLES J.	
STREET ADDRESS	1201 GREENWOOD CLIFF	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRIGGS, RONALD C.	
STREET ADDRESS	553 SOUTHLAKE BLVD	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATTHIS, GENE S., II	
STREET ADDRESS	1201 GREENWOOD CLIFF	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITE, WILLIS S., III	
STREET ADDRESS	3733 UNIVERSITY BLVD. WEST	
CITY-STATE-ZIP	CHARLOTTE NC	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAUGHMAN, ROBERT H.	
1.3 STREET ADDRESS	1201 GREENWOOD CLIFF	
1.4 CITY-STATE-ZIP	CHARLOTTE, NC	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZIMMERMAN, GEORGE T.	
2.3 STREET ADDRESS	3300 N.E. EXPRESSWAY	
2.4 CITY-STATE-ZIP	ATLANTA, GA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WHITE, WILLIS S., III	
6.3 STREET ADDRESS	3733 UNIVERSITY BLVD., W., STE. 305	
6.4 CITY-STATE-ZIP	JACKSONVILLE, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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: *Raymond E. Williams* 4/23/99 (704) 372-1885  
 \_\_\_\_\_ Date Daytime Phone #  
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)