

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26681 (7)

1. Corporation Name
FLAGSTAR ENTERPRISES, INC.

Principal Place of Business: **203 E MAIN ST. P-11-5 SPARTANBURG SC 29319**
Mailing Address: **203 E MAIN ST. P-11-5 SPARTANBURG SC 29319 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1989**
3a. Date of Last Report: **04/28/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 57-0900036	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	2d. Country	29. Zip	30. Country
25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JEROME J	1.2 NAME	James R. Kibler
STREET ADDRESS	1116 WOODBURN RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	1.4 CITY - ST - ZIP	
TITLE	SRVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, A RAY	2.2 NAME	
STREET ADDRESS	203 E MAIN STR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, GEORGE E	3.2 NAME	Rhonda J. Parish
STREET ADDRESS	203 E MAIN ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	3.4 CITY - ST - ZIP	
TITLE	VPAS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, ROBERT L III	4.2 NAME	please delete
STREET ADDRESS	203 E MAIN ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAW, SAMUEL H	5.2 NAME	
STREET ADDRESS	203 E MAIN ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	5.4 CITY - ST - ZIP	
TITLE	VPTS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUREN, C BURT	6.2 NAME	
STREET ADDRESS	203 E MAIN ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	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 (7)(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: C. Burt Duren 4/17/95 803-597-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR