2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 294695** 1. Entity Name MINUTE MAN ANCHORS INC 04-24-2001 90290 016 ***158.75 Principal Place of Business Mailing Address 305 W. KING STREET 305 W. KING STREET E FLAT ROCK NC 28726 E FLAT ROCK NC 28726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1174936 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROCTOR, SOL H. Street Address (P.O. Box Number is Not Acceptable) 1101 BLACKSTONE BLDG JACKSONVILLE FL 32202 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 🔀 Delete TITLE Change Addition TITLE NAME HACKEY, THOMAS W NAME STREET ADDRESS STREET ADDRESS 305 W. KING ST. CITY-ST-ZIP CITY-ST-ZIP E. FLAT ROCK NO TITLE ☐ Delete T(T) F Change Addition HACKNEY, W. THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 305 W. KING ST. CITY-ST-ZIP CITY-ST-ZIP E. FLAT ROCK NO TITLE Delete TITLE ☐ Change ☐ Addition NAME MORENO, JR., ALBERT M NAME STREET ADDRESS STREET ADDRESS 305 WEST KING ST. CITY-ST-ZIP CITY-ST-ZIP EAST FLAT ROCK NO TITLE XX Delete TITLE ☐ Change Addition HANSEN, ROBERT E NAME NAME STREET ADDRESS STREET ADDRESS 1620 ASHEVILLE HWY CITY-ST-ZIP CITY-ST-ZIP HENDERSONVILLE NC TITLE ☐ Delete TITLE Change ☐ Addition STEPP, JR., W. HARLEY NAME NAME STREET ADDRESS STREET ADDRESS 112 S. MAIN ST. CITY-ST-7IP CITY-ST-7IP HENDERSONVILLE NC TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachyriant with anyaydress, with all ottyer like empowered.

CITY-ST-7iP

SIGNATURE: 4

CITY-ST-7IP

ICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING.

W. Thomas Hackney

828-692-0256