

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # F94000001364

1. Entity Name
MICKEY TRUCK BODIES, INC.

Principal Place of Business 1305 TRINITY AVENUE HIGH POINT NC 27260 US	Mailing Address P.O. BOX 2044 HIGH POINT NC 27261
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 56-0512881	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON MARY
 601 NW 24TH CT

 Ocala FL 34475 US

7. Name and Address of New Registered Agent

Name
MERRILL SID A
 Street Address (P.O. Box Number is Not Acceptable)
 601 NW 24TH CT

 City
 Ocala FL Zip Code
 34475

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 **SID A. MERRILL** DATE **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICKEY CARL FJR 6340 MENDENHALL ROAD ARCHDALE NC 27263 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN MICKEY CARL FSR P.O. BOX 2044 HIGH POINT NC 27261 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DUNLAP NANCY P 615 E. STATE ST. HIGH POINT NC 27262 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHILDRESS WAYNE 1771 SOUTHPPOINT LANE NEW LONDON NC 28127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPP KENT H 6820 COLONIAL CLUB ROAD THOMASVILLE NC 27360 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SINK H. DEAN 5251 RIVER RD. JAMESTOWN NC 27282 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: **NANCY P. DUNLAP** SEC 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

**BRIAN K. STAFFORD, VP MFG.
1955-D EASTCHESTER DRIVE**

HIGH POINT, NC 27265

**CHARLES R. MARTIN, VP PROD. DEV/C.S.
3620 WESTFIELD STREET**

HIGH POINT, NC 27265

**GREGORY P. MCLAUGHLIN, VP SALES
3933 BRANDYWINE STREET**

HIGH POINT, NC 27265

**WILLIAM S. BROWN, VP SALES
503 WOODLAND ROAD**

HENDERSON, NC 27536

**JAMES R. HIATT, VP SALES
1685 WALLBURG-HIGH POINT ROAD**

HIGH POINT, NC 27265

**CAROYN M. SINK, ASST. SECRETARY
5251 RIVER ROAD**

JAMESTOWN, NC 27282

**GREGORY A. FISHER, VP-FINANCE & CFO
3400 TERRAULT DRIVE**

GREENSBORO, NC 27410