


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90003 009 \*\*\*150.00

**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**

**54059692**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06302004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**56-0512881**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**MERRILL, SID A**  
**601 NW 24TH CT**  
**OCALA, FL 34475**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINK, H. DEAN 5251 RIVER RD. JAMESTOWN, NC 27282	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPP, KENT H 6820 COLONIAL CLUB ROAD THOMASVILLE, NC 27360	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHILDRESS, WAYNE 1771 SOUTHPOINT LANE NEW LONDON, NC 28127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DUNLAP, NANCY P 615 E. STATE ST. HIGH POINT, NC 27262	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MICKEY, CARL F SR P.O. BOX 2044 HIGH POINT, NC 27261	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICKEY, CARL F JR 6340 MENDENHALL ROAD ARCHDALE, NC 27263	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Warren, Lisa F. 4070 Kennedy Rd. Thomasville NC 27360	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY A. FISHER DATE: 6/30/04 DAYTIME PHONE #: (336) 882-6806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Atchmark

57059690

**MICKEY TRUCK BODIES INC.**  
EIN 56-0512881

Document F94000001364

Name Gregory A. Fisher	Title Vice President, CFO ✓	Social security number 225-96-5417
Home address 3400 Terrault Dr	City State Zip code Greensboro NC 27410	Telephone number (336) 882-6806
Name Carolyn M. Sink	Title Asst. Secretary S	Social security number 243-96-8380
Home address 5251 River Rd.	City State Zip code Jamestown NC 27282	Telephone number (336) 882-6806
Name James R. Hiatt	Title Vice President ✓	Social security number 245-90-0225
Home address 1685 Wallburg-High Point Rd.	City State Zip code High Point NC 27265	Telephone number (336) 882-6806
Name William S. Brown	Title Vice President ✓	Social security number 240-74-2972
Home address 503 Woodland Rd.	City State Zip code Henderson NC 27536	Telephone number (336) 882-6806
Name Gregory P. McLaughlin	Title Vice President ✓	Social security number 150-44-6852
Home address 3933 Brandywine St.	City State Zip code High Point NC 27265	Telephone number (336) 882-6806
Name Charles R. Martin	Title Vice President ✓	Social security number 373-48-1797
Home address 3620 Westfield	City State Zip code High Point NC 27265	Telephone number (336) 882-6806