

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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90007 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT



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

1999

DOCUMENT # **P12699** (5)  
 1. Corporation Name  
**LORICK ENTERPRISES, INC.**



Principal Place of Business: 315 E. 5TH ST. CHARLOTTE NC 28202-2409  
 Mailing Address: P O BOX 32668 CHARLOTTE NC 28232 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 *Charlotte, N.C.*  
 Suite, Apt. #, etc.: *315 E 5th St*  
 City & State: *Charlotte, N.C.*  
 Zip: *28202* Country: *mech*  
 22  
 23  
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2a. Mailing Address  
 25 *P.O. Box 32668*  
 Suite, Apt. #, etc.:  
 City & State: *Charlotte, N.C.*  
 Zip: *28232* Country: *mech*  
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 29  
 30

3. Date Incorporated or Qualified  
**12/29/1986**

4. FEI Number: **56-0902457**  
 Applied For:  Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LORICK, F.W. JR.	
STREET ADDRESS	315 E 5TH ST	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	LORICK, F.W., III	
STREET ADDRESS	315 E 5TH ST	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NYE, PHIL L.	
STREET ADDRESS	315 E 5TH ST	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Phil L. Nye* 4-28-99 704-333-9286  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0010605

CR2E034 (10/97)