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**95 APR 11 PM 2:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 623734 (1)**  
1. Corporation Name  
**C.T.B., INC.**

Principal Place of Business  
**1501 CHARLOTTE AVENUE  
P.O. BOX 5011  
MONROE, NORTH CAROLINA 28110-7519**

Mailing Address  
**1501 CHARLOTTE AVENUE  
P.O. BOX 5011  
MONROE, NORTH CAROLINA 28110-7519**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**06/04/1979**

3a. Date of Last Report  
**04/15/1994**

4. FEI Number  
**56-1274802**

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 has liability for intangible tax under S. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent  
**TYSON, MR. TED  
3340 S.E. DIXE HWY  
STUART FL 33495**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VPO  
JOYNER, JOHN F.  
1501 OLD CHARLOTTE HIGHWAY  
MONROE N.**

**PDST  
NICKLES, ROBIN P.  
1501 OLD CHARLOTTE HIGHWAY  
MONROE NC**

**AS  
GREENE, CINDY P  
1501 OLD CHARLOTTE HWY  
MONROE NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**PRESIDENT, V.P., DIRECTOR**  Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**DELETE**  Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**SECRETARY - TREASURER**  Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

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 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cindy P. Greene **CINDY P. GREENE** 4/3/95 704/289-3111  
Signature and Typed or Printed Name of Signing Officer or Director (Typed Name)