FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **815975** **(8)**

1. Corporation Name

T.A. LOVING COMPANY

Principal Place of Business	Mailing Address
400 PATETOWN ROAD P.O. BOX 919 GOLDSBORO NC 27533-0919	400 PATETOWN ROAD P.O. BOX 919 GOLDSBORO NC 27533-0919

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1962
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 56-0304141	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

MCNAIRY, JOHN A.
2925 BRIDGEHAMPTON LANE
ORLANDO FL 32806

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HUNTER, SAMUEL P.	12 NAME	
STREET ADDRESS	RTE. 9, BOX 241-H	13 STREET ADDRESS	
CITY-ST-ZIP	GOLDSBORO NC	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	BRYAN, R.A. JR.	22 NAME	
STREET ADDRESS	RTE. 9, BOX 241-G	23 STREET ADDRESS	
CITY-ST-ZIP	GOLDSBORO NC	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, WILLIAM P.	32 NAME	
STREET ADDRESS	ROUTE 2, BOX 131	33 STREET ADDRESS	
CITY-ST-ZIP	GOLDSBORO NC	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	INGRAM, RICHARD S., JR.	42 NAME	
STREET ADDRESS	702 N. SPENCE AVE #1002	43 STREET ADDRESS	
CITY-ST-ZIP	GOLDSBORO NC	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES J	52 NAME	
STREET ADDRESS	151 VANCE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	GOLDSBORO NC 27534	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: [signature] 4/10/95 813-234-8400
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E018 (1/94)