**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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

1. Corporation Name

**T.A. LOVING COMPANY**

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

3. Date Incorporated or Qualified: **02/06/1962**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: **56-0304141** ☐ 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

**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 date above (NOTE: Registered Agent's signature required when filing)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | HUNTER, SAMUEL P. | | 1.2 NAME | | |
| STREET ADDRESS | ~~RTE. 9, BOX 241-H~~ | | 1.3 STREET ADDRESS | 770 LAKE WACLENA RD | |
| CITY-ST-ZIP | GOLDSBORO NC | | 1.4 CITY-ST-ZIP | | |
| TITLE | CD | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BRYAN, R.A. JR. | | 2.2 NAME | | |
| STREET ADDRESS | ~~RTE. 9, BOX 241-G~~ | | 2.3 STREET ADDRESS | 764 LAKE WACLENA RD | |
| CITY-ST-ZIP | GOLDSBORO NC | | 2.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | FRANKLIN, WILLIAM P. | | 3.2 NAME | | |
| STREET ADDRESS | ~~ROUTE 2, BOX 131~~ | | 3.3 STREET ADDRESS | 643 SAULSTON RD | |
| CITY-ST-ZIP | GOLDSBORO NC | | 3.4 CITY-ST-ZIP | | |
| TITLE | STD | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | INGRAM, RICHARD S., JR. | | 4.2 NAME | | |
| STREET ADDRESS | ~~702 N. SPENCE AVE #1002~~ | | 4.3 STREET ADDRESS | 115 POINT SHORE DR | |
| CITY-ST-ZIP | GOLDSBORO NC | | 4.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, JAMES J | | 5.2 NAME | | |
| STREET ADDRESS | 151 VANCE DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GOLDSBORO NC 27534 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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:** Richard S. Ingram Jr. RICHARD S. INGRAM JR 1/18/96 919-734-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #