

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 826607			
1. Corporation Name BRAD RAGAN, INC.			
Principal Place of Business		Mailing Address	
4404-G STUART ANDREW BLVD CHARLOTTE, NC 28217		4404-G STUART ANDREW BLVD CHARLOTTE, NC 28217	
2. Principal Place of Business		2a. Mailing Address	
21		28	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		26	
Zip		Zip	
24		30	
Country		Country	
25		31	
3. Name and Address of Current Registered Agent		3a. Date of Last Report	
CT CORPORATION SYSTEMS 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		08/11/71	
		3b. Date of Last Report	
		2/29/97	
		4. FEI Number	
		56-0756067	
		5. Certificate of Status Desired	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing	
		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEMS 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
PRESIDENT		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MICHEAL THOMANN			
4404-G STUART ANDREW BLVD			
CHARLOTTE, NC 28217			
VP - RETAIL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
JIM OWENS			
4404-G STUART ANDREW BLVD			
CHARLOTTE, NC 28217			
VP - COMMERCIAL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
RONALD RUMBLE			
4404-G STUART ANDREW BLVD			
CHARLOTTE, NC 28217			
VP - FINANCE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
RONALD CARR			
4404-G STUART ANDREW BLVD			
CHARLOTTE, NC 28217			
DIRECTOR		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
EUGENE CULLER, JR			
4404-G STUART ANDREW BLVD			
CHARLOTTE, NC 28217			
DIRECTOR		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
R.E. SORENSEN			
4404-G STUART ANDREW BLVD			
CHARLOTTE, NC 28217			
14. I do 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.		800002161328 -05/01/97--01013--047 ***165.00	
SIGNATURE: <i>Ronald Carr V.P.</i>		4/23/97 (704) 521-2199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	