

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 839359**

**(7)**

1. Corporation Name

**AMERICAN & EFIRD, INC.**



Principal Place of Business

**22 AMERICAN ST  
MOUNT HOLLY NC 28120**

Mailing Address

**22 AMERICAN ST  
MOUNT HOLLY NC 28120**

3. Date Incorporated or Qualified  
**10/17/1977**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**56-0906552**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICKSON, T W	
STREET ADDRESS	2318 TEHTFORD CT	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	COPELAND, J W	
STREET ADDRESS	8300 BAR HARBOR LANE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUSS, E. E.	
STREET ADDRESS	1145 DUMBARTON ROAD.	
CITY-ST-ZIP	GASTONIA NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, W H	
STREET ADDRESS	RT 1, 1014 PIERCE AVE	
CITY-ST-ZIP	MOUNT HOLLY, NC 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ENSLEY, R L	
STREET ADDRESS	KILLIAN RD	
CITY-ST-ZIP	MT HOLLY NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKSON, A. T.	
STREET ADDRESS	2633 RICHARDSON DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC.	

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 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. MORROW

01-25-96

(704) 827-4311

Date

Daytime Phone #

CR2E037 (12/95)