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 28 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851824** **(3)**

1. Corporation Name
HIPP CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
6809 STATESVILLE ROAD P.O. BOX 26964 CHARLOTTE NC 28221	6809 STATESVILLE ROAD P.O. BOX 26964 CHARLOTTE NC 28221 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1982
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 56-0897288 ☐ 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

HALL, GENE H.
102 JULIE LANE
BRANDON FL 33511

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, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HIPP, WILLIAM E., JR.	12 NAME	
STREET ADDRESS	5835 MOUNTAIN POINT LANE	13 STREET ADDRESS	
CITY ST ZIP	CHARLOTTE NC	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HIPP, JEROLD T.	22 NAME	
STREET ADDRESS	6809 STATESVILLE ROAD	23 STREET ADDRESS	
CITY ST ZIP	CHARLOTTE NC	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	HOWIE, DONALD F.	32 NAME	
STREET ADDRESS	640 DOGWOOD LANE	33 STREET ADDRESS	
CITY ST ZIP	DAVIDSON NC	34 CITY ST ZIP	
TITLE	T	41 TITLE	☑ Change ☐ Addition
NAME	HIPP, BETTY L.	42 NAME	T HIPP, BETTY L.
STREET ADDRESS	GREY RD.	43 STREET ADDRESS	5835 MOUNTAIN POINT LANE
CITY ST ZIP	DAVIDSON NC	44 CITY ST ZIP	CHARLOTTE, NC
TITLE	S	51 TITLE	☑ Change ☐ Addition
NAME	BRADFIELD, BETTY B.	52 NAME	S HOWIE, DONALD F.
STREET ADDRESS	DAVIS RD.	53 STREET ADDRESS	640 DOGWOOD LANE
CITY ST ZIP	DAVIDSON NC	54 CITY ST ZIP	DAVIDSON, NC
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	DUNN, WILLIAM H	62 NAME	
STREET ADDRESS	415 MARK LN	63 STREET ADDRESS	
CITY ST ZIP	N WILKESBORO NC	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: William E Hipp Jr WILLIAM E. HIPP, JR. PRES 1/19/95 (704) 596-7493
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0208010 FP