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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 852874 (7)

1. Corporation Name
THOMAS & HOWARD COMPANY OF HICKORY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 428<br>1200 BURRIS RD.<br>NEWTON NC 28658 | P.O. BOX 428<br>1200 BURRIS RD.<br>NEWTON NC 28658 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/17/1982
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 56-0427670 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | V | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LAUGHTER, J H | 1.2 NAME | |
| STREET ADDRESS | 1787 12TH ST DR NW | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HICKORY NC | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BENTLER, JOSEPH M. | 2.2 NAME | |
| STREET ADDRESS | 736 EAGLES TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKY MOUNT. NC | 2.4 CITY-ST-ZIP | |
| TITLE | VPD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | FLATEN, ALFRED N | 3.2 NAME | |
| STREET ADDRESS | 8957 GLEN EDEN LN | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKLYN PARK MN | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | NASH, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 4830 LAMPLIGHTERS LN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MINNETONKA MN | 4.4 CITY-ST-ZIP | |
| TITLE | SD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOLAND, NORMAN | 5.2 NAME | |
| STREET ADDRESS | 8324 29TH AVE N | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW HOPE MN | 5.4 CITY-ST-ZIP | |
| TITLE | Ass't. Treasurer | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | Philip E. Bortscheller | 6.2 NAME | |
| STREET ADDRESS | 7600 France Avenue South | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | Minneapolis, Mn. 55440-0355 | 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)(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: J. H. Laughter J. H. Laughter 3/14/95 704-464-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0308248 FP