2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000005051

1. Entity Name
HICKORY SPRINGS MANUFACTURING COMPANY

Principal Place of Business	Mailing Address
235 2ND AVENUE NW HICKORY, NC 28601	235 2ND AVENUE NW HICKORY, NC 28601

04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0494395
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	UNDERDOWN, P.C. JR
STREET ADDRESS	235 2ND AVENUE NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	D
NAME	UNDERDOWN, P.C. III
STREET ADDRESS	235 2ND AVENUE NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	DS
NAME	UNDERDOWN, DAVID
STREET ADDRESS	235 2ND AVENUE NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	D
NAME	BUSH, B.W.
STREET ADDRESS	235 2ND AVENUE NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	DVP
NAME	BUSH, JAMES F
STREET ADDRESS	235 2ND AVENUE NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	P
NAME	COLEMAN, J DONALD
STREET ADDRESS	235 2ND AVENUE NW
CITY-ST-ZIP	HICKORY, NC 28601

U00000755211
05/22/07-80093-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Hampton Queen C. Hampton Queen 4/30/07 (828) 328-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #