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FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F93000001445 (6)

1. Corporation Name  
WEAVEXX CORPORATION

Principal Place of Business  
P.O. BOX 471  
WAKE FOREST NC 27587

Mailing Address  
P.O. BOX 471  
WAKE FOREST NC 27587



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/23/1993

4. FEI Number  
05-0387869

Applied For  
Not Applicable

6. 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DUMBRELL, DAVID V  
1120 CAPITAL BLVD.  
WAKE FOREST NC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
COLLINS, MICHAEL D  
1120 CAPITAL BLVD.  
WAKE FOREST NC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WHITE, O. S  
1120 CAPITAL BLVD.  
WAKE FOREST NC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
THOMPSON, JOHN S  
1120 CAPITAL BLVD.  
WAKE FOREST NC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DEVYLDER, E P  
1120 CAPITAL BLVD.  
WAKE FOREST NC 27587

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TARANO, MANUEL  
1120 CAPITAL BLVD.  
WAKE FOREST NC 27587

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 only in attachment with an address.

SIGNATURE:

*[Signature]*

4/8/98

781/237-1980

CR2E034 (10/97)