FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION AL REPORT 1996	DI	Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS		ONS			
DOCUN 1. Corporation	MENT # F930	0000571	2 (5)					
HENDF	RICK CORPORATION							
Principal Place	of Business	Mailing Addre	988			-		1 1989 III III III
6000 MONRO CHARLOTTE			IROE RD #100 TE NC 28212)				
						3. Date Incorporated or Qualified 12/16/1993	3a. Date of Lat 01/30	/1995
2. Principal Pla	ce of Business	2a. Mailing A	ddress			4, FEI Number 56-1783569		Applied For Not Applicable
21 Suite, Apt. #	t, etc	Suite, Ap	t. #, etc.			5. Certificate of Status Desired		. 75 Additional ee Required
City & State		City & St.	ate			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
23 Zip	Country	\		Countr	у	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
24	g. Name and Address of Cu	29 irrent Registered Age		30]		10. Name and Address of New		
1201 H. SUITE	ientice-Hall Corporatio Ays Street 105 Iassee fl 32301	in system inc.		8 8	3	ess (P.O. Box Number is Not Accepta	FL 85	Zıp Code
or register familiar wii	ed agent, or both, in the State or th, and accept the obligations of, Signature typed or procedure of registers	Section 607.0505, Flo	nda Statutes.	by the co	poration's boa	ration submits this statement for the pure of directors. I hereby accept the application of the control of the	DATE .	
12.	PCT	S AND DIRECTORS	DELETE	1 1 TiTL	F	ADDITIONO DI VINGLE TO GI	☐ Cha	
TITLE NAME STREET ADDRESS	HENDRICK, J R III 6000 MONROE RD., #100		,	12 NAME 13 STREE* ADDRESS 14 CHY-ST-ZIP				
CITY - ST - ZIP TITLE NAME	CHARLOTTE NC 28212 VS MUSGRAVE, W O 6000 MONROE RD., #1		DELETE	2 1 TITU 2 2 NAM	E		□ Ch.	ange 🗌 Addition
STREET ADDRESS CHY-ST-ZIP	CHARLOTTE NC 28212			2.4 CiT	ST ZIP		Ch	ange 🔲 Addition
TITLE NAME STREET ADDRESS			DELETE	3 1 TIT 3 2 NAM 3 3 STF			U	ange
CITY - ST - ZIP TITLE NAME) DELETE	4, 1 TIT 4 2 NAT			☐ Ch	ange Addition
STREET AODRESS CITY-ST-ZIP TITLE NAME] DELETE		r - ST - ZIP LE		Cr	nange
STREET ADDRESS CITY+ST-ZIP] DELFTE	5 3 STH	Y-SI-ZIP			nange 🔲 Addition
NAME STREET ADDRESS		Ĺ	_ >(())	62 NA			_	

14. If 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 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 certify 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

64 CHTY ST-ZIP

SIGNATURE: __

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR W.O. MUSGRAVE 04/15/96

(704) 568-5550