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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000337 (5)

1. Corporation Name

THE CONTRACTOR YARD, INC.

Principal Place of Business

PO BOX 1111
NORTH WILKESBORO NC 28656-0001

Mailing Address

PO BOX 1111
NORTH WILKESBORO NC 28659-1111



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

56-1854746

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

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	COB	<input type="checkbox"/> DELETE
NAME	STRICKLAND, ROBERT L	
STREET ADDRESS	226 N. STRATFORD ROAD	
CITY-ST-ZIP	WINSTON-SALEM NC 27104	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	HERRING, LEONARD G	
STREET ADDRESS	310 COFFEY STREET	
CITY-ST-ZIP	NORTH WILKESBORO NC 28659	
TITLE	VCAO	<input type="checkbox"/> DELETE
NAME	ELLEDGE, RICHARD D	
STREET ADDRESS	PO BOX 1105	
CITY-ST-ZIP	WILKESBORO NC 28697	
TITLE	V	<input type="checkbox"/> DELETE
NAME	IRONS, WILLIAM L	
STREET ADDRESS	1508 IVY TRACE	
CITY-ST-ZIP	WILKESBORO NC 28697	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAKEY, ARNOLD N	
STREET ADDRESS	403 MAGNOLIA ROAD	
CITY-ST-ZIP	NORTH WILKESBORO NC 28697	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MITCHELL, W N	
STREET ADDRESS	ROUTE 4, BOX 105	
CITY-ST-ZIP	WILKESBORO NC 28697	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Elledge

Date

3/4/97 910 651 4271

Daytime Phone #

0010488

CR2E034 (9/96)