FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000382 (1)

1. Corporation Name
TNT, INC. OF CHARLOTTE N.C.

Principal Place of Business
600 TOWNE CENTRE BLVD., #203
PINEVILLE NC 28134

Mailing Address
600 TOWNE CENTRE BLVD., #203
PINEVILLE NC 28134

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
21 7005 SHANNON WILLOW ROAD
Suite, Apt. #, etc. 22
City & State 23 CHARLOTTE, NC
Zip 24 28226 Country 25 USA

2a. Mailing Address
26 7005 SHANNON WILLOW ROAD
Suite, Apt. #, etc. 27
City & State 28 CHARLOTTE, NC
Zip 29 28226 Country 30 USA

4. FEI Number: 56-1360205 ☐ 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. The corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CHILDERS, BILLY S
963 EAVES ST.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name: CHILDERS, BILLY S.
82 Street Address (P.O. Box Number is Not Acceptable): 963 EVE STREET
83
84 City: DELRAY BEACH FL 85 Zip Code: 33483

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 above mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CHILDERS, BILLY S	1.2 NAME	CHILDERS, BILLY S.	
STREET ADDRESS	963 EAVES ST.	1.3 STREET ADDRESS	963 EVE STREET	
CITY ST ZIP	DELRAY BEACH FL 33483	1.4 CITY ST ZIP	DELRAY BEACH, FL 33483	
TITLE	VS	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	CHILDERS, JOANN S	2.2 NAME	CHILDERS, JOANN S.	
STREET ADDRESS	1074 SPANISH RIVER RD.	2.3 STREET ADDRESS	1074 SPANISH RIVER ROAD	
CITY ST ZIP	BOCA RATON FL 33432	2.4 CITY ST ZIP	BOCA RATON, FL 33432	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	BROWN, S P	3.2 NAME	BROWN, S P	
STREET ADDRESS	600 TOWNE CENTRE BLVD., #203	3.3 STREET ADDRESS	7005 SHANNON WILLOW ROAD	
CITY ST ZIP	PINEVILLE NC 28134	3.4 CITY ST ZIP	CHARLOTTE, NC 28226	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		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 the 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 of this report, or on an attachment with an address.

SIGNATURE: _____ 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Explanation Number

0496450 FN