1-29 91 B- 1918 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

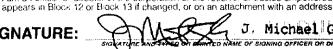
DOCUMENT # F9400001308 (5)

THREE PLUS ONE, LTD., A NORTH CAROLINA CORPORATI

B14 EAST MAIN STREET 814 EAST MAIN STREET LINCOLNTON NC 28902 LINCOLNTON NC 28082-3447 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1994 02/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 56-1652873 26 Not Applicable Suite Apt # etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žio Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032 Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AUSLEY, MARGARET B 227 SOUTH CALHOUN STREET 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 391 83 TALLAHASSEE FL 32301 84 City 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 have of registered agent and till if applicable. (NOTE Registered Agent s-phalure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD Addition Change DELETE 1.1 TITLE TITLE Gaither, ann h NAME 1.2 NAME 821 WOODSON ROAD 1.3 STREET ADDRESS STREET ADDRESS **NEWTON NC 28658** 1.4 CITY - ST-ZIP CITY - ST - ZIP Change Addition TITLE □ DELETE 2.1 TITLE JONES, SUSAN G 2.2 NAME NAME 126 W. 26TH STREET 2.3 STREET ADDRESS STREET ADDRESS **NEWTON NC 28658** 2 4 CITY-ST-ZIP CITY - ST - ZIF TITLE □ DELETE 31 TITLE Channe Addition GAITHER, WILLIAM H 3.2 NAME NAME 814 EAST MAIN STREET STREET ACCORESS 3.3 STREET ADDRESS LINCOLNTON NC 28092 34. CITY-ST-ZIP CITY - ST - ZIP DELETÉ Change Addition THUE 41 TITLE GAITHER, J M 4. 2 NAME NAME **841 EAST MAIN STREET** STREET ADDRESS 4.3 STREET ADDRESS LINCOLNTON NC 28093 4.4 CITY - ST - ZIP CITY-S1-ZIF Change **Addition** DELETE TiTLE 5.1 TITLE Gaither Lawson NAME 5.2 NAME 814 E. Main Street STREET ADDRESS 5.3 STREET ADDRESS Lincolnton NC 28092 5.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 62 NAME

SIGNATURE:

STREET ADORESS



J. Michael Gaither Secretary

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

1-21-97

(704) 735-3005

FILED

Jan 29 1997 8:00am

Secretary of State

(96/6)