

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003979 (1)**

1. Corporation Name

HANES INDUSTRIES DIVISION, INC.

MAIL



Principal Place of Business

Mailing Address

P.O. BOX 757
CARTHAGE MO 64836

P.O. BOX 757
CARTHAGE MO 64836

3. Date Incorporated or Qualified
08/01/1994

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 P O Box 202

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Winston-Salem, NC

27 City & State

24 Zip 25 Country

27102

28 Zip 29 Country

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4. FEI Number

56-1542277

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOMBLE, RALPH H	
STREET ADDRESS	P.O. BOX 202 N/A	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, DONALD H	
STREET ADDRESS	P.O. BOX 202 N/A	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLAUBER, MICHAEL A	
STREET ADDRESS	P.O. BOX 757 N/A	
CITY-ST-ZIP	CARTHAGE MO 64836	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREENE, JERRY W JR	
STREET ADDRESS	P.O. BOX 457 N/A	
CITY-ST-ZIP	CONOVER NC 28613	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JEFFRIES, ROBERT A JR	
STREET ADDRESS	P.O. BOX 757 N/A	
CITY-ST-ZIP	CARTHAGE MO 64836	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PURSER, KENNETH W	
STREET ADDRESS	P.O. BOX 757 N/A	
CITY-ST-ZIP	CARTHAGE MO 64836	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D/AS/AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael A. Glauber
3.3 STREET ADDRESS	P O Box 757 N/A
3.4 CITY-ST-ZIP	Carthage, MO 64836
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 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 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 in an attachment with an address.

SIGNATURE:

Kenneth W. Purser

Kenneth W. Purser

(417) 358-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)