

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000004240 (7)

1. Corporation Name  
EVODE-TANNER INDUSTRIES, INC.

Principal Place of Business

P.O. BOX 1967  
GREENVILLE SC 29602

Mailing Address

P.O. BOX 1967  
GREENVILLE SC 29602

FILED  
Aug 20 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/16/1994

3a. Date of Last Report

06/25/1996

4. FEI Number

02-0352196

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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 DCEO ☐ DELETE  
NAME KAZIOW, JOHN J  
STREET ADDRESS 2862 HOLCOMB BRIDGE RD., STE. 314  
CITY-ST-ZIP ALPHARETTA GA 30201

TITLE AT ☐ DELETE  
NAME RODGER, P.R.C.  
STREET ADDRESS ONE WOODLAWN GREEN, STE. 240  
CHARLOTTE NC 28217

NAME RING, JOHN D ☒ DELETE  
STREET ADDRESS ONE WOODLAWN GREEN, STE. 240  
CITY-ST-ZIP CHARLOTTE NC 28217

TITLE DVS ☐ DELETE  
NAME RIORDAN, THOMAS J  
STREET ADDRESS ONE WOODLAWN GREEN, STE. 240  
CITY-ST-ZIP CHARLOTTE NC 28217

TITLE AS ☐ DELETE  
NAME WILLARD, MARY E  
STREET ADDRESS ONE WOODLAWN GREEN, STE. 240  
CITY-ST-ZIP CHARLOTTE NC 28217

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DCEO ☒ Change ☐ Addition  
12 NAME John J. Kaziow  
13 STREET ADDRESS 2720 Chandon Place  
14 CITY-ST-ZIP Alpharetta, GA 30202

21 TITLE AT ☒ Change ☐ Addition  
22 NAME Rodger, P.R.C.  
23 STREET ADDRESS 22 Chambers St.  
24 CITY-ST-ZIP Princeton, NJ 08542

31 TITLE D ☐ Change ☒ Addition  
32 NAME Michael Kenny  
33 STREET ADDRESS 22 Chambers St.  
34 CITY-ST-ZIP Princeton, NJ 08542

41 TITLE DVS ☒ Change ☐ Addition  
42 NAME Thomas J. Riordan  
43 STREET ADDRESS 22 Chambers St.  
44 CITY-ST-ZIP Princeton, NJ 08542

51 TITLE AS ☒ Change ☐ Addition  
52 NAME Mary E. Willard  
53 STREET ADDRESS 8307 University Executive Park Dr. Sute  
54 CITY-ST-ZIP Charlotte, NC 28262 203

61 TITLE COO ☐ Change ☒ Addition  
62 NAME Michael J. Prude  
63 STREET ADDRESS P.O. Box 1967 -Furman Hall Ct.  
64 CITY-ST-ZIP Greenville, SC 29602

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(c), 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]*

864-737-3893

CR2E034 (4/97)