

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000000293 (9)

1. Corporation Name
ENCEE, INC.



Principal Place of Business

326 E. STADIUM DR.
EDEN NC 27288

Mailing Address

326 E. STADIUM DR.
EDEN NC 27288

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1995

4. FEI Number

56-1675214

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

2. Principal Place of Business

21 One Lake Circle

Suite, Apt. #, etc.

22

City & State

23 Kannapolis, NC

Zip

24 28081

Country

25 USA

2a. Mailing Address

26 One Lake Circle

Suite, Apt. #, etc.

27

City & State

28 Kannapolis, NC

Zip

29 28081

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DELLINGER, R.E.	
STREET ADDRESS	ON ELAKE CIRCLE DRIVE	
CITY-ST-ZIP	KANNAPOLIS NC	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	STAAB, T R	
STREET ADDRESS	326 E. STADIUM DR.	
CITY-ST-ZIP	EDEN NC 27288	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOSS, M K	
STREET ADDRESS	326 E. STADIUM DR.	
CITY-ST-ZIP	EDEN NC 27288	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PAULSEN, C D	
STREET ADDRESS	326 E. STADIUM DR.	
CITY-ST-ZIP	EDEN NC 27288	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles M. Hansen, Jr.	
1.3 STREET ADDRESS	4111 Mint Way	
1.4 CITY-ST-ZIP	Dallas, TX 75237	
2.1 TITLE	President & COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey D. Cordes	
2.3 STREET ADDRESS	4111 Mint Way	
2.4 CITY-ST-ZIP	Dallas, TX 75237	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharon L. Moffett	
3.3 STREET ADDRESS	4111 Mint Way	
3.4 CITY-ST-ZIP	Dallas, TX 75237	
4.1 TITLE	Vice President & Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ronald M. Wehtje	
4.3 STREET ADDRESS	4111 Mint Way	
4.4 CITY-ST-ZIP	Dallas, TX 75237	
5.1 TITLE	Vice President & Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Christopher N. Baker	
5.3 STREET ADDRESS	4111 Mint Way	
5.4 CITY-ST-ZIP	Dallas, TX 75237	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cliff D. Paulsen	
6.3 STREET ADDRESS	One Lake Circle	
6.4 CITY-ST-ZIP	Kannapolis, NC 28081	

14. I 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.

CR2E034 (10/97)