

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT-
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000001150 (0)

1. Corporation Name

FORSHAW DISTRIBUTION, INC.

Principal Place of Business

650 STATE ST
CHARLOTTE NC 28208

Mailing Address

650 STATE ST
CHARLOTTE NC 28208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1995

4. FEI Number

56-1528617

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

CRUM EWING, DAVID C
815-A NW 25TH AVE
OCALA FL 34475

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	C	<input type="checkbox"/> DELETE
NAME	FORSHAW, THOMAS JR	
STREET ADDRESS	650 STATE ST	
CITY-ST-ZIP	CHARLOTTE NC 28208	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	FORSHAW, THOMAS III	
STREET ADDRESS	650 STATE ST	
CITY-ST-ZIP	CHARLOTTE NC 28208	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FORSHAW, JAMES R	
STREET ADDRESS	650 STATE ST	
CITY-ST-ZIP	CHARLOTTE NC 28208	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRACY, JAMES F	
STREET ADDRESS	650 STATE ST	
CITY-ST-ZIP	CHARLOTTE NC 28208	
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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.

SIGNATURE

FILED
Jul 30 1998 8:00am
Secretary of State



CR2E034 (5/98)

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-07/31/98--01071--009
***150.00

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7.30

7/1/98 7:41:37Z-1790



650 STATE STREET, CHARLOTTE, N.C. 28208

704 372-6790

Rgd

July 6, 1998

Annual Reports Filings
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sirs:

I have enclosed a check for \$150.00 for our Florida 1998 Profit Corporation Annual Report, as this is our first notice, not the second, as stated on this notice.

Your help in abating the penalty will be greatly appreciated.

Sincerely,

FORSHAW DISTRIBUTION, INC.

Dolores J. Malley
Assistant Controller

DJM/lf

Enclosure