


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90025 050 ***150.00

DOCUMENT # F96000004122	
1. Entity Name HICKORY CONSTRUCTION COMPANY	

Principal Place of Business 1728 NINTH AVE NW HICKORY, NC 28601	Mailing Address PO BOX 1769 HICKORY, NC 28603
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94041001



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JANITZ, TERRY W 16517 VANDERBILT DR BONITA SPRINGS, FL 33923		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSS, CHARLES W JR			NAME			
STREET ADDRESS	6197 WILLOW BOTTOM RD			STREET ADDRESS			
CITY-ST-ZIP	HICKORY, NC 28602			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUCOM, C. MARK			NAME			
STREET ADDRESS	4501 8TH STREET, PLACE, NE			STREET ADDRESS			
CITY-ST-ZIP	HICKORY, NC 28601			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKARD, P. CURT			NAME			
STREET ADDRESS	RT 7, BOX 951			STREET ADDRESS			
CITY-ST-ZIP	HICKORY, NC 28601			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOWERS, JEANNA C			NAME			
STREET ADDRESS	2479 23RD ST NE			STREET ADDRESS	6032 Buckskin Drive		
CITY-ST-ZIP	HICKORY, NC 28601			CITY-ST-ZIP	Hickory, NC 28601		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMMONS, DORA			NAME			
STREET ADDRESS	1228 ANTIOCH CHURCH ROAD			STREET ADDRESS			
CITY-ST-ZIP	TAYLORSVILLE, NC 28681			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRYE, DWIGHT C			NAME			
STREET ADDRESS	5794 SELKIRK DR			STREET ADDRESS			
CITY-ST-ZIP	HICKORY, NC			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W. Moss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04
Date

(828) 522-9234
Daytime Phone #