

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90138 034 \*\*\*150.00

**DOCUMENT # F96000004122**

1. Entity Name

HICKORY CONSTRUCTION COMPANY



Principal Place of Business

PO BOX 1769

HICKORY NC 28603

Mailing Address

PO BOX 1769

HICKORY NC 28603



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1728 Ninth Ave. NW

Suite, Apt. #, etc.

City & State

Hickory, NC 28601

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-0260535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JANITZ, TERRY W

16517 VANDERBILT DR

BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **MOSS, CHARLES W JR**  
STREET ADDRESS **6197 WILLOW BOTTOM RD**  
CITY-ST-ZIP **HICKORY NC 28602**

TITLE **PD** ☐ Delete  
NAME **BAUCOM, C. MARK**  
STREET ADDRESS **4501 8TH STREET, PLACE, NE**  
CITY-ST-ZIP **HICKORY NC 28601**

TITLE **VD** ☐ Delete  
NAME **ECKARD, P. CURT**  
STREET ADDRESS **RT 7, BOX 951**  
CITY-ST-ZIP **HICKORY NC 28601**

TITLE **ST** ☐ Delete  
NAME **FLOWERS, JEANNA C**  
STREET ADDRESS **4426 3RD ST LANE NW**  
CITY-ST-ZIP **HICKORY NC 28601**

TITLE **AS** ☐ Delete  
NAME **AMMONS, DORA**  
STREET ADDRESS **1228 ANTIOCH CHURCH ROAD**  
CITY-ST-ZIP **TAYLORSVILLE NC 28681**

TITLE **VD** ☐ Delete  
NAME **FRYE, DWIGHT C**  
STREET ADDRESS **5794 SELKIRK DR**  
CITY-ST-ZIP **HICKORY NC**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **ST**  
STREET ADDRESS **Flowers, Jeanna C**  
CITY-ST-ZIP **2479 23rd Street NE**  
**Hickory, NC 28601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

(828)322-9234

Date

Daytime Phone #

CR2E034 (10/02)