

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000284 (6)

1. Corporation Name:
NOCUTS, INC.



Principal Place of Business 14111 CAPITAL BLVD. WAKE FOREST NC 28587	Mailing Address 14111 CAPITAL BLVD. WAKE FOREST NC 28587
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 903 E. 104th Street Suite, Apt. #, etc. 22 City & State 23 Kansas City, MO Zip 24 64131 Country 25 USA		2a. Mailing Address 26 903 E. 104th Street Suite, Apt. #, etc. 27 City & State 28 Kansas City, MO Zip 29 64131 Country 30 USA		3. Date Incorporated or Qualified 01/17/1997	
		4. FEI Number 25-1635264		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 C T CORPORATION SYSTEM 1200 SOUTH 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	
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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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPUS
NAME	SONDERGARD, RONALD D	1.2 NAME	Elizabeth A. Denning
STREET ADDRESS	3261 ATLANTA AVE., #216	1.3 STREET ADDRESS	14111 Capital Blvd.
CITY-ST-ZIP	RALEIGH NC 27804	1.4 CITY-ST-ZIP	Wake Forest, NC 28587
TITLE	D	2.1 TITLE	T
NAME	CLOVER, MICHAEL J	2.2 NAME	m. Jeannine Strandjord
STREET ADDRESS	14111 CAPITAL BLVD.	2.3 STREET ADDRESS	2330 Shawnee Mission Pkwy.
CITY-ST-ZIP	WAKE FOREST NC 28587	2.4 CITY-ST-ZIP	Westwood, KS 66205
TITLE	D	3.1 TITLE	AT
NAME	FARMER, DAVID L	3.2 NAME	Robert C. Horne, Jr.
STREET ADDRESS	14111 CAPITAL BLVD.	3.3 STREET ADDRESS	14111 Capital Blvd.
CITY-ST-ZIP	WAKE FOREST NC 28587	3.4 CITY-ST-ZIP	Wake Forest, NC 28587
TITLE	D	4.1 TITLE	AS
NAME	WESTMEYER, FRANCIS E	4.2 NAME	Jack H. Derrick
STREET ADDRESS	14111 CAPITAL BLVD.	4.3 STREET ADDRESS	14111 Capital Blvd.
CITY-ST-ZIP	WAKE FOREST NC 28587	4.4 CITY-ST-ZIP	Wake Forest, NC 28587
TITLE	V	5.1 TITLE	D
NAME	GELLER, THOMAS J	5.2 NAME	Dwight W. Allen
STREET ADDRESS	14111 CAPITAL BLVD.	5.3 STREET ADDRESS	14111 Capital Blvd.
CITY-ST-ZIP	WAKE FOREST NC 28587	5.4 CITY-ST-ZIP	Wake Forest, NC 28587
TITLE	T	6.1 TITLE	D
NAME	TOMS, CURTIS JR	6.2 NAME	Herb Henderson
STREET ADDRESS	14111 CAPITAL BLVD.	6.3 STREET ADDRESS	14111 Capital Blvd.
CITY-ST-ZIP	WAKE FOREST NC 28587	6.4 CITY-ST-ZIP	Wake Forest, NC 28587

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 *V. M. Mortham* *4/12/98*

CR2E034 (10/97)