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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 11 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K68276** **(0)**

1. Corporation Name
OUTRIGGER HARBOUR, INC.

Principal Place of Business	Mailing Address
1501 CHARLOTTE AVENUE P.O. BOX 5011 MONROE NC 28111-5011	1501 CHARLOTTE AVENUE P.O. BOX 5011 MONROE NC 28111-5011

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/24/1989**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **56-1648194** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 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 _____ DATE
Signature, typed or printed Name of registered agent and title if applicable (NOTE: Registered Agent signature required when marked(*))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOYNER, JOHN 1501 OLD CHARLOTTE HWY MONROE NC	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/V/S/T'	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYSON, TED H. 1501 OLD CHARLOTTE HWY MONROE NC	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, ELEANOR G. 1501 OLD CHARLOTTE HWY MONROE NC	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	AS	☒ Change ☐ Addition
		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D JAMES R. WIDMANN 1501 OLD CHARLOTTE HWY MONROE, NC 28110	☐ Change ☒ Addition
		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	AS CINDY P. GREENE PO BOX 5011 MONROE, NC 28110	☐ Change ☒ Addition
		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ CINDY P. GREENE 4/3/95 704/289-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

FH