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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P05782** **(8)**

1. Corporation Name
AMARR COMPANY

Principal Place of Business
5931 GRASSY CREEK BLVD.
WINSTON-SALEM NC 27105

Mailing Address
P O BOX 268
WINSTON-SALEM NC 27102-0268
US

3. Date Incorporated or Qualified **04/24/1985**
3a. Date of Last Report **04/17/1996**

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

4. FEI Number **56-0562919** ☐ 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

CT CORPORATION SYSTEM
1200 S. 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

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL L. KENNEDY		1.2 NAME	
STREET ADDRESS	1634 BURKHART RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON NC		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRENNER, RICHARD		2.2 NAME	
STREET ADDRESS	464 SHEFFIELD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ELKINS, GARY		3.2 NAME	
STREET ADDRESS	1236 IDLEWIDE HEATH DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC		3.4 CITY-ST-ZIP	
TITLE	VO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GILMER, GREG		4.2 NAME	
STREET ADDRESS	172 HAMILTON COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	ADVANCE NC		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ZWACK, RAY		5.2 NAME	
STREET ADDRESS	1204 FOREST RIDGE COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC		5.4 CITY-ST-ZIP	
TITLE	VF	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHURCH, FRANK J		6.2 NAME	
STREET ADDRESS	RR2 INDIAN HILLS		6.3 STREET ADDRESS	
CITY-ST-ZIP	ADVANCE NC		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Michael L. Kennedy REQUIRED Michael L. Kennedy 2/4/97 (910) 744-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010006