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

Mailing Address

WINSTON-SALEM NC 27102-0288

P O BOX 288

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P05782

'ADVANCE NO

ST ZIP.

1. Corporation Name

AMARR COMPANY

Principal Place of Business

5931 GRASSY CREEK BLVD.

WINSTON-SALEM NC 27105

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90069 030 ***150.00



DO NOT WRITE IN THIS SPACE

| | • | | | | 3. Date Incorporated or Qualified 04/24/1985 | | |
|--------------------------|--|-----------------------------------|----------------|--|--|---------------|-------------------|
| Principal F | Place of Business | 2a. Mailing Address | | _ | 4. FEI Number | IA | pplied For |
|] | . Idab G. Basiness | 26 | | | 56-0562919 | | ot Applicable |
| Suite, Apt | t. #. etc. | Suite, Apt. #, etc. | | | | | Additional |
| ! | 27 | | | | 5. Certificate of Status Desired | Fee R | equired |
| City & Sta | City & State City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip | Country | Zip | Countr | v | 8. This corporation owes the current year in | | |
| | 25 | <u> </u> | 30 | | Personal Property Tax. | Yes | □No |
| ~ | 9. Name and Address of Current | - | 7 | | 10. Name and Address of New Registered | Agent | |
| | | <u></u> | 81 | Name | | | |
| CT CORPORATION SYSTEM | | | |) C4 A A | dd- as (D.O. Bay Number in Net Assessable) | | |
| 1200 S. PINE ISLAND ROAD | | |)82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| PLANTATION FĹ 33324 | | | 83 | | | | |
| | | | | ļ | | | |
| | | | 84 | City | FI | 85 Zip | Code |
| Durauani | to the provisions of Captions 607 0503 | and 607 1509 Florida Statutes | the abou | a-namod c | corporation submits this statement for the purpose of | - 1 _1 | s registered |
| office or I | registered agent, or both, in the State cam familiar with, and accept the obligation | of Florida. Such change was aut | thorized by | the corpor | ration's board of directors. I hereby accept the appoint | intment as re | gistered |
| GNATURE | | | | | | | _ |
| OHATORE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: F | Registered Age | nt signature rec | quired when reinstating) DATE | | |
| • | | OFFICERS AND DIRECTORS | | .— | ADDITIONS/CHANGES TO OFFICERS AI | | |
| Æ | C | ☐ ĐĒLETE | 1.1 TITLE | ļ | | Change | ☐ Additio |
| - | MICHAEL L. KENNEDY | | 1,2 NAME | | | | |
| .== I ADDRESS | 1634 Burkhart RD. | | 1.3 STREE | TADDRESS | | | |
| ST ZIP | LEXINGTON NC | | 1.4 CITY-1 | ST-ZIP | | | |
| - | P | ☐ DELETE | 2.1 TITLE | ļ | | ☐ Change | Addition |
| _ | BRENNER, RICHARD | | 2.2 NAME | | | | |
| LADDRESS | 464 SHEFFIELD DR | | 2.3 STREE | TADDRESS | | | ~ |
| ST ZIP | WINSTON-SALEM NC . | NSTON-SALEM NC | | ST-ZIP | <u> </u> | | |
| | T DELETE | | 3.1 TITLE | | | Change | Additio |
| _ | ELKINS, GARY | | 3.2 NAME | | | | |
| : ALKUNU.GG | | | 3.3 STREE | T ADDRESS | | | |
| ST ZIP | WINSTON-SALEM NC | | 3.4. CITY- | ST-ZIP | | | _ |
| | VO | ☐ DELETE | 4.1 T/TLE | | | Change | ☐ Additio |
| | GILMER, GREG | | 4. 2 NAME | : | | | |
| · · · · AUDRESS | ATO LIANUI TONI COLIDT | | 4.3 STREE | TADDRESS | | | |
| ST ZIP | ADVANCE NC | | 4.4 CITY- | - 1 | | | |
| V, EII | VD VD | ☐ DELETE | 5.1 TITLE | | | Change | ☐ Additio |
| | ZWACK, RAY | | 5.2 NAME | 1 | | | |
| r ADDRESS | ARCA FOREST DIDGE COURT | | 5.3 STREE | TADDRESS | | | |
| | WINSTON-SALEM NC | | 5.4 CITY- | ł | | | |
| ST ZIP | VF | ₩ DELETE | 6.1 TITLE | | Chief Operating Officer | Change | ⊠ Additio |
| | CHURCH, FRANK J | | 8.2 NAME | - | Jeffrey D. Mick | _ ,, | |
| _ | · · · · · · · · · · · · · · · · · · · | | | TADDRESS | | | |
| 1 #20761233 | RR2 INDIAN HILLS | | 0.3 3 IKE | . I AUDINESS | 192 Heathcliff Place | | |

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, with all other like empowered.

6.4 CITY-ST-ZIP

Winston-Salem NC

ENDOQUIRFICHAEL L. Kennedy

CR2E034 (11/98)