FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16984** (7)

1. Corporation Name
HYNES SALES CO., INC.

Principal Place of Business
6525 MORRISON BOULEVARD
SUITE 515
CHARLOTTE NC 28211

Mailing Address
6525 MORRISON BOULEVARD
SUITE 515
CHARLOTTE NC 28211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1987
3a. Date of Last Report: 04/27/1994

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: 56-0506777 — 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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	TITLE	☐ Change ☐ Addition
NAME	HYNES, JAMES E.S.	NAME	
STREET ADDRESS	P.O. BOX 220948	STREET ADDRESS	
CITY	CHARLOTTE NC	CITY	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	GREENE, JOHN E.	NAME	
STREET ADDRESS	3105 FOXRIDGE ROAD	STREET ADDRESS	
CITY	CHARLOTTE NC	CITY	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	DILLASHAW, JAMES M.	NAME	
STREET ADDRESS	414 EASTOVER ROAD	STREET ADDRESS	
CITY	CHARLOTTE NC	CITY	
TITLE	AVP	TITLE	☐ Change ☐ Addition
NAME	THREATT, DIANE C	NAME	
STREET ADDRESS	417 AMANDA DR	STREET ADDRESS	
CITY	MATTHEWS NC	CITY	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

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)(ii), Florida Statutes. 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: Diane C Threatt — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 — Date

704/365-1220 — Daytime Phone #

0397074 FP