SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P16984 HYNES SALES CO., INC. Principal Place of Business Mailing Address 6525 MORRISON BOULEVARD 6525 MORRISON BOULEVARD SUITE 515 SUITE 515 CHARLOTTE NC 28211 CHARLOTTE NC 28211 3a. Date of Last Report 3. Date Incorporated or Qualified 12/01/1987 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 56-0506777 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 62 PLANTATION FL 33324 83 City Zip Code 84 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOV. Ring stered Agent's gristere required when the stating) Signature, typed or product natural disciplification agent and talent appropriate ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) OFFICERS AND DIRECTORS 12. 13. DELETE Change 1 1 1 1 1 Vice President TITLE CR2E034 HYNES, JAMES E.S. 1.2 NAME C. Merrill Littlejohn NAME P.O. BOX 220948 STREET ADDRESS 1.3 STREET ADDRESS 1008 Braeburn Rd CHARLOTTE NO 14 CITY - ST - ZIP Charlotte, NC. 28211 CITY - ST-ZIP Change ___ Addition DELETE 2.1 TITLE TITLE Secretary GREENE, JOHN E. 2.2 NAME NAME Jane P McCoy 3105 FOXRIDGE ROAD 2.3 STREET ADDRESS STREET ADDRESS 2450 Ainsdale Rd. CHARLOTTE NC 2 4 City - ST - ZIP Charlotte, NC 28226 CITY-ST-ZIP Change Addition DELETE 31 TUTLE TITLE DILLASHAW, JAMES M. NAME 3.2 NAME 414 EASTOVER ROAD 3.3 STREET ADDRESS STREET ADDRESS CHARLOTTE NC 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE AVP 4.1 1/TLE TITLE THREATT, DIANE C 4 2 NAME NAME 417 AMANDA DR 4.3 STREET ADDRESS STREET ADDRESS MATTHEWS NC 4.4 CHTY - ST - ZIP CITY-ST-2IP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY + ST - 7IP CiTY-ST-ZIP Change Addition DELETE 6.1 TITLE THTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 it 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 617, Florida Statutes, and

6/11/96 704/365-1220

Block 12 or Block 13 if changed, or on an attachment with an address

AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE: