

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

**FILED**

**May 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P16984 (7)**

1. Corporation Name  
**HYNES SALES CO., INC.**



Principal Place of Business <b>6525 MORRISON BOULEVARD SUITE 515 CHARLOTTE NC 28211</b>	Mailing Address <b>6525 MORRISON BOULEVARD SUITE 515 CHARLOTTE NC 28211-9532</b>
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3. Date Incorporated or Qualified <b>12/01/1987</b>	3a. Date of Last Report <b>06/19/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>56-0506777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CT</b> <input type="checkbox"/> DELETE
NAME	<b>HYNES, JAMES E.S.</b>
STREET ADDRESS	<b>P.O. BOX 220948</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GREENE, JOHN E.</b>
STREET ADDRESS	<b>3105 FOXRIDGE ROAD</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>LITTLEJOHN, C M</b>
STREET ADDRESS	<b>1008 BRAEBURN RD</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>
TITLE	<b>AVP</b> <input type="checkbox"/> DELETE
NAME	<b>THREATT, DIANE C</b>
STREET ADDRESS	<b>417 AMANDA DR</b>
CITY-ST-ZIP	<b>MATTHEWS NC</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MCCOY, JANE P</b>
STREET ADDRESS	<b>2450 AINSDALE RD</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *J. Sawyer* **REQUIRED** 4/30/97 704/365-1220  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)