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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 1:40

DOCUMENT # **P22785** **(0)**

1. Corporation Name
LIMITORQUE CORPORATION

Principal Place of Business	Mailing Address
5114 WOODALL ROAD LYNCHBURG VA 24502	5114 WOODALL ROAD LYNCHBURG VA 24502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/31/1989
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business	2a. Mailing Address
21	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: 54-0489649 ☐ 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	CCEO	1.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	MIGNOGNA, THOMAS S.	1.2 NAME	MIGNOGNA, THOMAS S.	
STREET ADDRESS	217 ANTHONY HOME ROAD	1.3 STREET ADDRESS	217 ANTHONY HOME ROAD	
CITY-ST-ZIP	HUDDLESTON VA	1.4 CITY-ST-ZIP	HUDDLESTON, VA	
TITLE	PCO	2.1 TITLE	PRESIDENT & C.E.O.	☒ Change ☐ Addition
NAME	BRENNAN, JOHN J	2.2 NAME	BRENNAN, JOHN J.	
STREET ADDRESS	1612 LANGHORNE RD	2.3 STREET ADDRESS	1612 LANGHORNE ROAD	
CITY-ST-ZIP	LYNCHBURG VA	2.4 CITY-ST-ZIP	LYNCHBURG, VA	
TITLE	VPE	3.1 TITLE	VPE	☒ Change ☐ Addition
NAME	WILKINSON, IVAN E.	3.2 NAME	HYLTON, CHARLES L.	
STREET ADDRESS	ROUTE 501	3.3 STREET ADDRESS	322 BERG DRIVE	
CITY-ST-ZIP	RUSTBURG VA	3.4 CITY-ST-ZIP	MADISON HEIGHTS, VA	
TITLE	VPF	4.1 TITLE		☐ Change ☐ Addition
NAME	DUVALL, CHARLES D	4.2 NAME		
STREET ADDRESS	108 MEREDITH PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNCHBURG VA	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	MAY, THOMAS F.P.	5.2 NAME	MAY, THOMAS F.P.	
STREET ADDRESS	SEAGRY HS UPPR SEAGRY CH	5.3 STREET ADDRESS	SEAGRY HS UPPR SEAGRY CH	
CITY-ST-ZIP	WILTSHR SN15-5HD ENGL	5.4 CITY-ST-ZIP	WILTSHR SN15-5HD ENGL	
TITLE	VPM	6.1 TITLE	VPOPERATIONS-GREENSBORO	☒ Change ☐ Addition
NAME	GORCYCA, RAYMOND M	6.2 NAME	VIGNOLA, WILLIAM R.	
STREET ADDRESS	2016 WIGGINGTON ROAD	6.3 STREET ADDRESS	4516 OAK HOLLOW DRIVE	
CITY-ST-ZIP	LYNCHBURG VA	6.4 CITY-ST-ZIP	HIGH POINT, NC 27260	

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)(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: C.D. Duvall C.D. DUVALL 3-28-95 (804) 522-9857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #