

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90107 020 ***150.00

DOCUMENT # P27897

1. Entity Name

HENDRIX AND DAIL, INC.



Principal Place of Business

1101 INDUSTRIAL BLVD.
GREENVILLE NC 27834
US

Mailing Address

P.O. BOX 648
GREENVILLE NC 27835-0648
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **56-0809154**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRUBY, ROGER
7610 US HIGHWAY 41N
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> Delete
NAME	STORKAN, DEAN C	
STREET ADDRESS	P.O. BOX 1327 8770 HWY. 25	
CITY, ST, ZIP	HOLLISTER CA 95024	
TITLE	VDD	<input type="checkbox"/> Delete
NAME	MCLAWHORN, W. CARROLL	
STREET ADDRESS	3300 WALDEN DR.	
CITY, ST, ZIP	GREENVILLE NC 27834	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HRUBY, ROGER	
STREET ADDRESS	9614 BRADEN RUN RD	
CITY, ST, ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYERLY, J STEPHEN	
STREET ADDRESS	4571 RIVERVIEW BLVD	
CITY, ST, ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRIX, JAMES W	
STREET ADDRESS	1144 WHITE OAK PIKE	
CITY, ST, ZIP	STAMPING GROUND KY 40379	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BYRD, HAROLD	
STREET ADDRESS	144 RIVER ACRES E	
CITY, ST, ZIP	WASHINGTON NC 27889	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	SVP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold J. Byrd 1/31/07 (252) 758-4263