SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P36167** **(5)**

1. Corporation Name

CAROLINA COM-TEC, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:07

Principal Place of Business	Mailing Address
1715 ORR INDUSTRIAL COURT CHARLOTTE NC 28213	1715 ORR INDUSTRIAL COURT CHARLOTTE NC 28213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/01/1991**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **56-1348664** ☐ 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

METCALF, DAVID J.
1004 DESOTO PARK DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JAMES D., SR.	12 NAME	
STREET ADDRESS	P.O. BOX 56 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	CROSS SC	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JAMES D., JR.	22 NAME	
STREET ADDRESS	P.O. BOX 56 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	CROSS SC	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	S ☑ Change ☐ Addition
NAME	BROOKS, ANN	32 NAME	TRAYNHAM, CAREY
STREET ADDRESS	1025 MANCHESTER LANE	33 STREET ADDRESS	425 VALHALLA DRIVE
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP	HARRISBURG NC 28075
TITLE	VTD	41 TITLE	☐ Change ☐ Addition
NAME	EAGLE, JERRY I.	42 NAME	
STREET ADDRESS	7216 DELTA LAKE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Carey Traynham (CAREY TRAYNHAM) 6-16-95 704-598-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178483 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36314** **(3)**

1. Corporation Name

HACO LEASING CORPORATION

Principal Place of Business	Mailing Address
1133A SWEETEN CREEK ROAD ASHVILLE NC 28803 US	P.O. BOX 5636 ASHEVILLE NC 28813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1991	3a. Date of Last Report: 08/23/1994
4. FEI Number: 56-1583711	☐ 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	

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

9. Name and Address of Current Registered Agent

WALKER, LAURA L.
3907 NORTH BOULEVARD
TAMPA FL 33603-4624

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	CT	11 TITLE	☐ Change ☐ Addition
NAME	HAGEMAN, ROBERT G.	12 NAME	
STREET ADDRESS	22 HILLTOP ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	HAGEMAN, RICHARD C	22 NAME	
STREET ADDRESS	36 CLEMENT DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	HAGEMAN, CATHERINE J.	32 NAME	
STREET ADDRESS	12 WAVERLY COURT	33 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	HAGEMAN, STEVEN R.	42 NAME	
STREET ADDRESS	25 BUENA VISTA	43 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	HAGEMAN, SUZANNE C.	52 NAME	
STREET ADDRESS	25 BUENA VISTA	53 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Robert G. Hageman, VP — 6-14-95 — 704-274-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100084 FN