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

APPROVED AND FILED
95 APR 27 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36202** **(0)**

1. Corporation Name
T-C THREADS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 751 CHATTANOOGA TN 37401	P.O. BOX 751 CHATTANOOGA TN 37401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/29/1991**
3a. Date of Last Report: **03/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **62-1475734** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
7. 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	D	11 TITLE		☐ Change ☐ Addition
NAME	FRIERSON, DANIEL K.	12 NAME		
STREET ADDRESS	111 EAST AND WEST ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	LOOKOUT MOUNTAIN TN	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	HARMON, GARY A.	22 NAME		
STREET ADDRESS	5809 N. SHORE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	HIXSON TN	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	LASATER, D. EUGENE	32 NAME	Lasater, D. Eugene	
STREET ADDRESS	7516 ROYAL HARBOUR CIR.	33 STREET ADDRESS	7516 Royal Harbour Cir.	
CITY-ST-ZIP	DOLTEWAH TN	34 CITY-ST-ZIP	Doltewah, TN	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	KLEIN, STARR T.	42 NAME		
STREET ADDRESS	217 ARROW DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	SIGNAL MOUNTAIN TN	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	YOUNG, GEOFFREY	52 NAME		
STREET ADDRESS	1100 AMERICAN NATIONAL BANK BLDG.	53 STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Gary A. Harmon Gary A. Harmon 4-20-95 (615)698-2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
P409-671-754

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