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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P36202 (0)

1. Corporation Name
T-C THREADS, INC.

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

Mailing Address
P.O. BOX 751
CHATTANOOGA TN 37401-0751



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1991	3a. Date of Last Report 04/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-1475734	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. 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		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIERSON, DANIEL K.	1.2 NAME	
STREET ADDRESS	111 EAST AND WEST ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOOKOUT MOUNTAIN TN	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, GARY A.	2.2 NAME	
STREET ADDRESS	5809 N. SHORE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIXSON TN	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASATER, D. EUGENE	3.2 NAME	
STREET ADDRESS	7518 ROYAL HARBOUR CIR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	COOLTEWAH TN	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, STARR T.	4.2 NAME	
STREET ADDRESS	217 ARROW DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SIGNAL MOUNTAIN TN	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, GEOFFREY	5.2 NAME	
STREET ADDRESS	1100 AMERICAN NATIONAL BANK BLDG.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHATTANOOGA TN	5.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRANDIN, GLENN M.	6.2 NAME	
STREET ADDRESS	1074 CONSTITUTION DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHATTANOOGA TN	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: Starr T. Klein Starr T. Klein, Secretary 2/14/97 423-493-7439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)