

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S10607** (7)

1. Corporation Name
'PINCKARD, INC.'

Principal Place of Business

**990 NANDINO BLVD.
LEXINGTON KY 40511
US**

Mailing Address

**990 NANDINO BLVD.
LEXINGTON KY 40511-1205
US**



2. Principal Place of Business

21 115 Vista Blvd

Suite, Apt. #, etc.

22
City & State

23 Arden, North Carolina

24
Zip

28704

Country

USA

2a. Mailing Address

26 115 Vista Blvd.

Suite, Apt. #, etc.

27
City & State

28 ARden, North Carolina

29
Zip

28704

Country

USA

3. Date Incorporated or Qualified

10/26/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0313073

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

**PFAFFENBERGER, W. J.
631 U. S. HIGHWAY ONE
SUITE 410
NORTH PALM BEACH FL 33408**

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

Sign rule: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D STINGEL JR., FREDERICK J.**
STREET ADDRESS **990 NANDINO DR.**
CITY- ST- ZIP **LEXINGTON KY**

TITLE ☐ DELETE
NAME **VP STINGEL III, JOHN F.**
STREET ADDRESS **131 FOXTAIL DR.**
CITY- ST- ZIP **NICHOLASVILLE KY**

TITLE ☐ DELETE
NAME **T STINGEL, JANET S.**
STREET ADDRESS **990 NANDINO BLVD.**
CITY- ST- ZIP **LEXINGTON KY**

TITLE ☐ DELETE
NAME **VP Jeff Stingel**
STREET ADDRESS **115 Vista Blvd.**
CITY- ST- ZIP **Arden, North Carolina 28704**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **8 Cedar Chine**
1.4 CITY- ST- ZIP **Asheville, NC 28803**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **14 Bent Oak Drive**
2.4 CITY- ST- ZIP **Asheville, NC 28803**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **8 Cedar Chine**
3.4 CITY- ST- ZIP **Asheville, NC 28803**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)