

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

FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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  
115 VISTA BLVD  
ARDEN NC 28704  
US

Mailing Address  
115 VISTA BLVD  
ARDEN NC 28704  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0313073	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	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PFAFFENBERGER, W. J. 631 U. S. HIGHWAY ONE SUITE 410 NORTH PALM BEACH FL 33408		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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	STINGEL JR., FREDERICK J.	1.2 NAME	
STREET ADDRESS	8 CEDAR CHINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	STINGEL III, JOHN F.	2.2 NAME	
STREET ADDRESS	14 BENT OAK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	STINGEL, JANET S.	3.2 NAME	
STREET ADDRESS	8 CEDAR CHINE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEVILLE NC	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	STINGEL, JEFF	4.2 NAME	
STREET ADDRESS	115 VISTA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARDEN NC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  2-4-98 (704) 694-8900

CR2E034 (10/97)