

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

00117

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90112 013 \*\*\*150.00

DOCUMENT # S10607

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country 25

29 Zip Country 30

3. Date Incorporated or Qualified 10/26/1990

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 owes the current year Intangible Personal Property Tax. Yes 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 Signature, typed or printed name of registered agent and title if applicable. (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	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 2 or Block 23 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet S. Stingel, Treasurer, 4/22/99 828.654.8900

CR2E034 (1/98)