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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S71556

1999

(2)

John S.Clark Company, Inc.

Principal Place of Business

Mailing Address

P 0 Box 1468

P 0 Box1468

Mount Airy, NC 27030

Mt. Airy, NC 27030

May 13, 1999 8:00 am Secretary of State

05-13-1999 90032 027 ***150.00

DO NOT	MRITE IN	IHIS	SPACE
ited or Qua	alified		

												
							Date Incorporated or Qualified					
								08/07/1991				
2.	Principal Place of Busin	ness	2a	. Mailing Address	-			4. FEI Number			Applied For	
21	,		26					56-1751248			Not Applica	ble
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			.75 Additional ee Required	l
23	City & State		28	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
24	Zip	Country 25	29	Zip	30 Co	untry	<u>-</u>	This corporation owes or has pail Personal Property Tax due June 3		ent y		
	9. Name	and Address of Current	Regis	stered Agent		T		10. Name and Address of New Reg	istered A	gent		
	The Prenti	ce-Hall Corp.	Sys	tem, Inc.	•	81	Name					
1201 Haynes St., Ste 105			82 Street Address (P.O. Box Number is Not Acceptable)									
	Tallahasse	e, FL 32030				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 Signature required when reinstating) DATE DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Chief Executive Officer DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	Vaughn, Cl≎Richard Vaughn	1.2 NAME					
STREET ADDRESS	450 Airport Rd.	1.3 STREET ADDRESS					
CITY-ST-ZIP	Mount Alry, NC 27030	1.4 CITY - ST - ZIP					
TITLE	Secretary/Treasurer DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	Monty K. Vënable	2 2 NAME					
STREET ADDRESS	450 AirportBRd.	2 3 STREET ADDRESS					
CITY-ST-ZIP	Mount Alex NC 27030	2. 4 C1TY - ST - ZIP					
TITLE	President DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME	Joe B. Hennings	3 2 NAME					
STREET ADDRESS	<u> </u>	3 3 STREET ADDRESS					
CITY-ST-ZIP	450 Airport Rd. Mount Airv. NC 27030	3 4. CITY - ST - ZIP					
TITLE	Vice President DELETE	4 1 TITLE	☐ Change ☐ Addition				
NAME	David Murray	4 2 NAME					
STREET ADDRESS	450 Airport Rd.	4.3 STREET ADDRESS					
CITY-ST-ZIP	Mt. Alry, NC 27030	4 4 CITY - ST - ZIP					
TITLE	Yice-President DELETE	5 1 TITLE	☐ Change ☐ Addition				
NAME	Lee F. Cook	5 2 NAME					
STREET ADDRESS	4140 N. Cheñry St.	5.3 STREET ADDRESS					
CITY-ST-ZIP	Winston-Salem, NC 27030	5.4 CITY - ST - ZIP					
TITLE	Vice President DELETE	6 1 TITLE	☐ Change ☐ Addition				
NAME	Thurm Watts	6 2 NAME					
STREET ADDRESS	450 Airport Rd.	6.3 STREET ADDRESS					
CITY-ST-7IP	M+ A1-4 NC 27030	6.4 CITY - ST - ZIP					

14. I hereby certify that the information supplied with this filing does not qualify far the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied manual 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:

B. Hennings, President

4-30-99 Da'e

336-789-1000

Daylime Phone #