#### 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005051

**Entity Name: HICKORY SPRINGS MANUFACTURING COMPANY** 

FILED
Apr 28, 2021
Secretary of State
3152421089CC

## **Current Principal Place of Business:**

235 2ND AVENUE NW HICKORY, NC 28601-4950

### **Current Mailing Address:**

235 2ND AVENUE NW

HICKORY, NC 28601-4950 US

FEI Number: 56-0494395 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIRECTOR

Title TREASURER, ANNUAL REPORT

SIGNER

Name UNDERDOWN, DAVID F

Name BRYCE, TROY W

Address 235 2ND AVENUE NW

Address 235 2ND AVENUE NW

City-State-Zip: HICKORY NC 28601-4950

City-State-Zip: HICKORY NC 28601-4950

Title PRESIDENT, DIRECTOR

Title

SECRETARY

Name JONES, MARK S

Name ABRAO-NETTO, ED

Address 235 2ND AVENUE NW

Address 235 2ND AVENUE NW

City-State-Zip: HICKORY NC 28601-4950

City-State-Zip: HICKORY NC 28601-4950

Title DIRECTOR

Title

DIRECTOR

Name BUSH, BOBBY W JR.

Name KELLEHER, CAROLINE S

Address 235 2ND AVENUE NW

Address 235 2ND AVENUE NW

City-State-Zip: HICKORY NC 28601-4950

City-State-Zip: HICKORY NC 28601-4950

Title DIRECTOR

Title

Address

DIRECTOR

235 2ND AVENUE NW

Name UNDERDOWN, STEVEN C Address 235 2ND AVENUE NW

Name SIMMONS, ROBERT U

City-State-Zip: HICKORY NC 28601-4950

City-State-Zip: HICKORY NC 28601-4950

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TROY W. BRYCE

**AUTHORIZED PERSON** 

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR
Name FORD, RONNIE

Address 235 2ND AVENUE NW

City-State-Zip: HICKORY NC 28601-4950