

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

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P09969 (7)**  
1. Corporation Name  
**BARNHARDT MANUFACTURING COMPANY**



Principal Place of Business <b>1100 HAWTHORNE LANE P.O. BOX 34276 CHARLOTTE NC 28234-4276</b>	Mailing Address <b>1100 HAWTHORNE LANE P.O. BOX 34276 CHARLOTTE NC 28234-4276</b>
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3. Date Incorporated or Qualified <b>05/01/1986</b>	3a. Date of Last Report <b>03/05/1996</b>
4. FEI Number <b>56-0134380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box, etc., if applicable)	
83	
84 City	<b>APR 9 1997 FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNHARDT, T.M. III</b>	
STREET ADDRESS	<b>600 LLEWELLYN PL.</b>	
CITY- ST- ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARNHARDT, S.H.</b>	
STREET ADDRESS	<b>2123 HASTINGS DRIVE</b>	
CITY- ST- ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITFIELD, O.H.</b>	
STREET ADDRESS	<b>2523 RED FOX TRAIL</b>	
CITY- ST- ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARNHARDT, J.H. JR.</b>	
STREET ADDRESS	<b>2331 ROCK CREEK DRIVE</b>	
CITY- ST- ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POE, W.E.</b>	
STREET ADDRESS	<b>2445 SELWYN AVE #501</b>	
CITY- ST- ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARNHARDT, J C JR</b>	
STREET ADDRESS	<b>221 BEECHTREE CIR</b>	
CITY- ST- ZIP	<b>MT AIRY NC</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Barnhardt, T.L</b>	
1.3 STREET ADDRESS	<b>4811 Hadrian Drive</b>	
1.4 CITY- ST- ZIP	<b>Charlotte, NC 28211</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Barnhardt, L.B.</b>	
2.3 STREET ADDRESS	<b>1213 Aylesford Road</b>	
2.4 CITY- ST- ZIP	<b>Charlotte, NC 28211</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Barnhardt, R.S.</b>	
3.3 STREET ADDRESS	<b>4030 High Ridge Road</b>	
3.4 CITY- ST- ZIP	<b>Charlotte, NC 28270</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Hatling, L.B.</b>	
4.3 STREET ADDRESS	<b>208 Beechwood Estates</b>	
4.4 CITY- ST- ZIP	<b>Scott Depot, WV 25560</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>F. A. Cash, Jr./Parnell-Martin Companies</b>	
5.3 STREET ADDRESS	<b>P. O. Box 30067</b>	
5.4 CITY- ST- ZIP	<b>Charlotte, NC 28230</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **RAUPH J. FALEO** *Ralph J. Falearo* **4-8-97** (704) 376-0380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)