

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

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P09969 (7)**

1. Corporation Name  
**BARNHARDT MANUFACTURING COMPANY**

Principal Place of Business 1100 HAWTHORNE LANE P.O. BOX 34276 CHARLOTTE NC 28234-4276	Mailing Address 1100 HAWTHORNE LANE P.O. BOX 34276 CHARLOTTE NC 28234-4276
---	---



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>05/01/1986</b>	
4. FEI Number <b>56-0134380</b>	Applied For 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 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

**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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNHARDT, T.M. III	
STREET ADDRESS	900 LLEWELYN PL.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BARNHARDT, T.L.	
STREET ADDRESS	4811 HADRIAN DR	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNHARDT, L.B.	
STREET ADDRESS	1213 AYLESFORD RD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNHARDT, R.S.	
STREET ADDRESS	4030 HIGH RIDGE RD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POE, W.E.	
STREET ADDRESS	2445 SELWYN AVE #501	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATLING, L.B.	
STREET ADDRESS	208 BEECHWOOD ESTATES	
CITY-ST-ZIP	SCOTT DEPOT WV	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>B</b>
13 STREET ADDRESS	<b>FA. CASH JR.</b>
14 CITY-ST-ZIP	<b>1315 N. GRAHAM ST.</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<b>CHARLOTTE, NC. 28206</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

CR2E034 (10/97)