

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

WV

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90144 028 ***150.00

DOCUMENT # P09969

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1986	
21	26	4. FEI Number 56-0134380		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHARDT, T.M. III		1.2 NAME		
STREET ADDRESS	600 LLEWELLYN PL.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHARDT, T.L.		2.2 NAME		
STREET ADDRESS	4811 HADRIAN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHARDT, L.B.		3.2 NAME		
STREET ADDRESS	1213 AYLESFORD RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHARDT, R.S.		4.2 NAME		
STREET ADDRESS	4030 HIGH RIDGE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POE, W.E.		5.2 NAME		
STREET ADDRESS	2445 SELWYN AVE #501		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATLING, L.B.		6.2 NAME		
STREET ADDRESS	208 BEECHWOOD ESTATES		6.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTT DEPOT WV		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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas M. Barnhardt 3/15/99 704-376-0380
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)