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4/18

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **346793** (3)

1. Corporation Name  
**HEWITT, COLEMAN & ASSOCIATES, INC.**



Principal Place of Business: 1001 EXECUTIVE CENTER DR. #161 P. O. BOX 19126 ORLANDO FL 32803-3520  
Mailing Address: 1001 EXECUTIVE CENTER DR. #161 P. O. BOX 19126 ORLANDO FL 32803-3520

2. Principal Place of Business: 21 3165 McCreary Place, Suite, Apt. #, etc. 185, 22 Orlando FL, 23 32803, 24  
2a. Mailing Address: 25 SAME, 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 05/26/1969  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1268501  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [ ] Yes [ ] No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

NOLIN, BECK  
1001 EXECUTIVE CTR DR  
STE 161  
ORLANDO FL 32814

81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable): 3165 McCreary Place S-185  
83  
84 City: Orlando, FL 85 Zip Code: 32803

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: For non-profit, name of registered agent is not applicable) DATE: 2/27/96

12. OFFICERS AND DIRECTORS  
TITLE: V, NAME: FRANKS, JAY J, STREET ADDRESS: 2717 POINSETT HWY GREENVILLE, S.C, CITY-ST-ZIP: PD, TITLE: [ ] DELISTE, NAME: WARNE, CHARLES, STREET ADDRESS: 2717 POINSETT HWY GREENVILLE SC, CITY-ST-ZIP: AVP, TITLE: [ ] DELISTE, NAME: HELTON, MITZI L, STREET ADDRESS: 2717 POINSETT HWY GREENVILLE SC, CITY-ST-ZIP: [ ] DELISTE, NAME: [ ] DELISTE, STREET ADDRESS: [ ] DELISTE, CITY-ST-ZIP: [ ] DELISTE, NAME: [ ] DELISTE, STREET ADDRESS: [ ] DELISTE, CITY-ST-ZIP: [ ] DELISTE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE: David Cantrell, NAME: David Cantrell, STREET ADDRESS: 2717 Poinsett Hwy, CITY-ST-ZIP: Greenville SC 29609, 2. TITLE: [ ] Change [X] Addition, 3. TITLE: [ ] Change [ ] Addition, 4. TITLE: [ ] Change [ ] Addition, 5. TITLE: [ ] Change [ ] Addition, 6. TITLE: [ ] Change [ ] Addition, 7. TITLE: [ ] Change [ ] Addition, 8. TITLE: [ ] Change [ ] Addition, 9. TITLE: [ ] Change [ ] Addition, 10. TITLE: [ ] Change [ ] Addition, 11. TITLE: [ ] Change [ ] Addition, 12. TITLE: [ ] Change [ ] Addition, 13. TITLE: [ ] Change [ ] Addition, 14. TITLE: [ ] Change [ ] Addition, 15. TITLE: [ ] Change [ ] Addition, 16. TITLE: [ ] Change [ ] Addition, 17. TITLE: [ ] Change [ ] Addition, 18. TITLE: [ ] Change [ ] Addition, 19. TITLE: [ ] Change [ ] Addition, 20. TITLE: [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] M.L. Helton, DATE: 2/27/96, TELEPHONE: 864-240-5821

CR2E034 (12/95)