

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

**FILED**  
**Jun 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # 346793 (3)**  
 1. Corporation Name  
**HEWITT, COLEMAN & ASSOCIATES, INC.**



Principal Place of Business: **3165 MCCORRY PLACE, 185, ORLANDO FL 32803, US**

Mailing Address: **3165 MCCORRY PLACE, 185, ORLANDO FL 32803, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 Suite, Apt. #, etc.**  
**22 City & State**  
**23 Zip** **24 Country**

2a. Mailing Address: **26 Suite, Apt. #, etc.**  
**27 City & State**  
**28 Zip** **29 Country**

3. Date Incorporated or Qualified: **05/26/1969**

4. FET Number: **59-1268501** Applied For Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**NOLIN, BECK**  
**3165 MCCORRY PLACE**  
**SUITE-185**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent  
**81 Name: Emily Williams**  
**82 Street Address (P.O. Box Number is Not Acceptable): same address**  
**83**  
**84 City: FL** **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: *Emis & Williams* DATE: **5/22/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: WARNE, CHARLES	1.1 TITLE: <input type="checkbox"/> DELETE	1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2717 POINSETT HWY	CITY-ST-ZIP: GREENVILLE SC	2.1 TITLE: <input checked="" type="checkbox"/> DELETE	2.2 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AVP	NAME: HELTON, MITZI L	3.1 TITLE: <input type="checkbox"/> DELETE	3.2 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2717 POINSETT HWY	CITY-ST-ZIP: GREENVILLE SC	4.1 TITLE: <input type="checkbox"/> DELETE	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> DELETE	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.1 TITLE: <input type="checkbox"/> DELETE	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	7.1 TITLE: <input type="checkbox"/> DELETE	7.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	8.1 TITLE: <input type="checkbox"/> DELETE	8.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	9.1 TITLE: <input type="checkbox"/> DELETE	9.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	10.1 TITLE: <input type="checkbox"/> DELETE	10.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

Warne, Charles  
 850 S. Pleasantburg Dr  
 Greenville, SC 29607

Graves, Ron  
 850 S. Pleasantburg Dr.  
 Greenville, SC 29607

WALTERS, CLAY  
 850 South Pleasantburg Dr.  
 Greenville, SC 29607

RECEIVED  
 MAY 18 1998

Hewitt, Coleman & Assoc.  
 814-240-5821

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.

SIGNATURE: *Clay Walters* DATE: **6-15-98** **PLV-240-5821**

CR2E034 (10/97)