

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90005 016 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 346793

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



Principal Place of Business
3165 MCCRORY PLACE
185
ORLANDO FL 32803
US

Mailing Address
3165 MCCRORY PLACE
185
ORLANDO FL 32803
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. 950 S. Pleasantburg Dr.	26. PO Box 5500
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State GREENVILLE, SC	28. City & State GREENVILLE, SC
24. Zip 29607	29. Zip 29606
25. Country USA	30. Country USA

3. Date Incorporated or Qualified 05/26/1969	
4. FEI Number 59-1268501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WILLIAMS, EMILY
3165 MCCRORY PLACE
SUITE-185
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81. Name C T CORPORATION SYSTEM	
82. Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
83.	
84. City PLANTATION	85. Zip Code FL 33324

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 and its directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: MARY R. ADAMS **MARY R. ADAMS** **ASSISTANT SECRETARY** DATE: 7.15.99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME WARNE, CHARLES	
STREET ADDRESS 850 S. PLEASANTBURG DR.	
CITY-ST-ZIP GREENVILLE SC 29607	
TITLE VD	<input type="checkbox"/> DELETE
NAME GRAVES, RON	
STREET ADDRESS 850 S. PLEASANTBURG DR.	
CITY-ST-ZIP GREENVILLE SC 29607	
TITLE VP	<input type="checkbox"/> DELETE
NAME WALTERS, CLAY	
STREET ADDRESS 850 S. PLEASANTBURG DR.	
CITY-ST-ZIP GREENVILLE SC 29607	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 **CLAY WALTERS** DATE: 7-6-99 (864) 240-5821

Signature and typed or printed name of signing officer or director Date Day/Time Phone #

CR2E034 (5/99)