FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **822993** **(2)**

1. Corporation Name
HEYWARD, INCORPORATED

Principal Place of Business	Mailing Address
717 EAST BLVD. CHARLOTTE NORTH CAROLINA 28203	717 EAST BLVD. CHARLOTTE NORTH CAROLINA 28203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1969
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 56-0934082 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	1.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS,EDWARD J.,SR.	1.2 NAME		
STREET ADDRESS	5509 MCPHERSON DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MATTHEWS NC	1.4 CITY-ST-ZIP		
TITLE	~~PD~~	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~BLACKMON, JOHN M., JR.~~	2.2 NAME	DAVID A. STEWART	
STREET ADDRESS	~~4100 DUNWICK PLACE~~	2.3 STREET ADDRESS	8571 BUTTERNUT, BLVD	
CITY-ST-ZIP	~~CHARLOTTE NC~~	2.4 CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	~~VD~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~PEARCH, E.H.~~	3.2 NAME	A. DOUGLAS WILSON	
STREET ADDRESS	~~1042 POPOLEE RD.~~	3.3 STREET ADDRESS	10200 HANOVER WOODS PLACE	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	CHARLOTTE, NC 28210	
TITLE	~~S~~	4.1 TITLE	COB, TREASURER	☒ Change ☐ Addition
NAME	~~BLACKMON, JOHN, M. JR~~	4.2 NAME	MICHAEL A. WHITE	
STREET ADDRESS	~~4100 DUNWICK PL~~	4.3 STREET ADDRESS	3610 GLEN CROSSING	
CITY-ST-ZIP	~~CHARLOTTE NC~~	4.4 CITY-ST-ZIP	ALPHARETTA, GA 30201	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLCOMBE, DON, M	5.2 NAME		
STREET ADDRESS	3127 DOCTORS LAKE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	JIM CHASTAIN	☐ Change ☒ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	11445 IVEY HOME PLACE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	RICHMOND, VA 23233	

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)(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 added in connection with an address.

SIGNATURE: _____ 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0900039 FP