FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3. Date Incorporated or Qualified: **07/02/1969**

3a. Date of Last Report: **04/26/1995**

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 intangibles 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 607.1502, 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

12. OFFICERS AND DIRECTORS

TITLE	VSD	☐ DELETE
NAME	MORRIS,EDWARD J.,SR.	
STREET ADDRESS	5509 MCPHERSON DR.	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	PD	☒ DELETE
NAME	BLACKMON, JOHN M., JR.	
STREET ADDRESS	4100 DUNWICK PLACE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VD	☒ DELETE
NAME	PEARCH, E.H.	
STREET ADDRESS	1042 POPOLEE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	☐ DELETE
NAME	BLACKMON, JOHN, M, JR	
STREET ADDRESS	4100 DUNWICK PL	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VD	☐ DELETE
NAME	HOLCOMBE, DON, M	
STREET ADDRESS	3127 DOCTORS LAKE DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	☐ Change ☒ Addition
12 NAME	A. DOUGLAS WILSON	
13 STREET ADDRESS	10200 HANOVER WOODS PLACE	
14 CITY-ST-ZIP	CHARLOTTE, NC 28210	
21 TITLE	DIRECTOR	☐ Change ☒ Addition
22 NAME	JAMES C CHASTAIN	
23 STREET ADDRESS	11445 IVEY HOME PLACE	
24 CITY-ST-ZIP	RICHMOND, VA. 23233	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: _____ EDWARD S. MORRIS 3/10/96 704-372-5805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #