

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

FILED  
Feb 13 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 # 822993 (2)  
1. Corporation Name  
HEYWARD, INCORPORATED

Principal Place of Business  
2101 CAMBRIDGE BELTWAY DR STE A  
CHARLOTTE NORTH CAROLINA 28273  
US

Mailing Address  
2101 CAMBRIDGE BELTWAY DR  
STE A  
CHARLOTTE NORTH CAROLINA 28273  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/02/1969	4. FEI Number 56-0934082
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
24. Country	29. Country		

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS MORRIS, EDWARD J., SR.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5509 MCPHERSON DR.	1.2 NAME	
STREET ADDRESS	MATTHEWS NC	1.3 STREET ADDRESS	5619 Ballinard Lane
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Charlotte, NC 28277
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, A. DOUGLAS	2.2 NAME	
STREET ADDRESS	10200 HANOVER WOODS PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTAIN, JAMES C.	3.2 NAME	
STREET ADDRESS	11445 MEY HOME PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	RICHMOND VA	3.4 CITY - ST - ZIP	
TITLE	CTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MICHAEL A	4.2 NAME	
STREET ADDRESS	3610 GLEN CROSSING	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALPHARETTA GA	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DAVID R	6.2 NAME	
STREET ADDRESS	8571 BUTTERNUT BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	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: *A. Douglas Wilson* A. Douglas Wilson 1/9/98 204-583-2305

CR2E034 (10/97)