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

1995 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002483 (6)**

1. Corporation Name

HCDS [redacted] INC.
Southeast, Inc.

Principal Place of Business	Mailing Address
P.O. BOX 608 DEWITT NY 13214	P.O. BOX 608 DEWITT NY 13214

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/27/1993
3a. Date of Last Report: 07/25/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

4. FEI Number: 16-1429470 ☐ 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

SPURCHISE, MICHAEL
2250 LUCIEN WAY
SUITE 100, OFFICE 40
MAITLAND FL 32751

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	C	11 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, DONALD A	12 NAME	600001492506
STREET ADDRESS	5703 ENTERPRISE PARKWAY	13 STREET ADDRESS	-05/17/95--01181--002
CITY-ST-ZIP	DEWITT NY 13214	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KREISLER, JACQUES	22 NAME	
STREET ADDRESS	5471 LAKE HOWELL ROAD, SUITE 220	23 STREET ADDRESS	DELETE--NO LONGER A DIRECTOR
CITY-ST-ZIP	WINTER PARK FL 32792	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	NETTI, JOHN F	32 NAME	
STREET ADDRESS	5703 ENTERPRISE PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	DEWITT NY 13214	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	DUNHAM, ROBERT E	42 NAME	
STREET ADDRESS	5703 ENTERPRISE PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	DEWITT NY 13214	44 CITY ST ZIP	
TITLE	ST	51 TITLE	☒ Change ☐ Addition
NAME	CURTIN, JAMES B.	52 NAME	ST
STREET ADDRESS	5703 ENTERPRISE PARKWAY	53 STREET ADDRESS	ZIMMERMAN, JOSEPH C.
CITY ST ZIP	DEWITT NY	54 CITY ST ZIP	5703 ENTERPRISE PARKWAY DEWITT, NY 13214
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	2nd 5-1-95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

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: Joseph C. Zimmerman Secretary/Treasurer 4/27/95 (315) 446-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Joseph C. Zimmerman Secretary/Treasurer

0484737 FN