

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 # F94000001498 (4)

1. Corporation Name

CORNWALL & STEVENS SOUTHEAST, INC.



Principal Place of Business

3280 POINTE PARKWAY  
SUITE 1800  
NORCROSS GA 30092

Mailing Address

P.O. BOX 920219  
NORCROSS GA 30092

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

58-1133361

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent (and block 12, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME SMITH, TOMY  
STREET ADDRESS 3280 POINTE PKY.  
CITY-ST-ZIP NORCROSS GA

TITLE S ☐ DELETE  
NAME ZINN, CHESTER A. J  
STREET ADDRESS TOW PINES TREE DRIVE  
CITY-ST-ZIP ARDEN HILLS MN

TITLE T ☐ DELETE  
NAME ROHDE, STEPHEN L.  
STREET ADDRESS TWO PINE TREE DRIVE  
CITY-ST-ZIP ARDEN HILLS MN

TITLE D ☒ DELETE  
NAME QUANDT, CHARLES W. III  
STREET ADDRESS TWO PINE TREE DRIVE  
CITY-ST-ZIP ARDEN HILLS MN

TITLE D ☒ DELETE  
NAME ROHDE, STEPHEN L.  
STREET ADDRESS TWO PINE TREE DRIVE  
CITY-ST-ZIP ARDEN HILLS MN

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE S/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE T/D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME James F. Van Houten  
6.3 STREET ADDRESS Two Pine Tree Drive  
6.4 CITY-ST-ZIP Arden Hills, MN 55112

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)(k), 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:

*Chester A. Zinn, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester A. Zinn, Jr.

3/8/96

Date

612/631-7010

Daytime Phone #

CR2E034 (12/95)