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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 820219
NORCROSS GA 30092-0219

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Signature of the person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	SMITH, TOMY	3280 POINTE PKY.	NORCROSS GA	<input checked="" type="checkbox"/>
SD	ZINN, CHESTER A J	TOW PINES TREE DR.	ARDEN HILLS MN	<input checked="" type="checkbox"/>
TD	ROHDE, STEPHEN L.	TWO PINE TREE DR.	ARDEN HILLS MN	<input type="checkbox"/>
D	QUANDT, CHARLES W. III	TWO PINE TREE DRIVE	ARDEN HILLS MN	<input checked="" type="checkbox"/>
D	ROHDE, STEPHEN L.	TWO PINE TREE DRIVE	ARDEN HILLS MN	<input checked="" type="checkbox"/>
D	JAMES F. VAN HOUTEN	TWO PINE TREE DR.	ARDEN HILLS MN	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
P	Y. John Lee	850 Ridge Lake Blvd., #103	Memphis, TN 38120	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Joseph J. Pingatore	Two Pine Tree Drive	Arden Hills, MN 55112	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Alan T. Reiss	Two Pine Tree Drive	Arden Hills, MN 55112	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph J. Pingatore

3/24/97

Date

612/631-7794

Daytime Phone #

CR2E034 (9/96)