

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002623 (4)

1. Corporation Name

HEBEL SOUTHEAST MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

6600 HIGHLANDS PKWY.
C
SMYRNA GA 30082
US

6600 HIGHLANDS PKWY
C
SMYRNA GA 30082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

58-2051365

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	Y	DELETE
NAME	MCCURRY, H M	
STREET ADDRESS	805 CAMILLIA DRIVE	
CITY-ST-ZIP	LAGRANGE GA 30240	

TITLE	S	DELETE
NAME	JONES, J P	
STREET ADDRESS	1150 TIMBERLINE PLACE	
CITY-ST-ZIP	ALPHARETTA GA 30202	

TITLE	C	DELETE
NAME	RATHKE, DIETER	
STREET ADDRESS	6600 HIGHLANDS PKWY, STE. C	
CITY-ST-ZIP	SMYRNA GA	

TITLE	D	DELETE
NAME	KRONE, DIETER	
STREET ADDRESS	6600 HIGHLANDS PKWY.	
CITY-ST-ZIP	SMYRNA GA	

TITLE	D	DELETE
NAME	RISCH, ROLF-RUEDIGER	
STREET ADDRESS	6600 HIGHLANDS PKWY.	
CITY-ST-ZIP	SMYRNA GA	

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VOREIS, R D	
1.3 STREET ADDRESS	6600 HIGHLANDS PKWY, STE C	
1.4 CITY-ST-ZIP	SMYRNA, GA 30082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS	6600 HIGHLANDS PKWY, STE C	
2.4 CITY-ST-ZIP	SMYRNA, GA 30082	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 supplement to 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

CR2E034 (10/97)