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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mathers
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17328 (6)

1. Corporation Name
HEPACO, INC.

Principal Place of Business: **P.O. BOX 26308, 2711 BURCH DRIVE, CHARLOTTE NC 28221**

Mailing Address: **P.O. BOX 26308, 2711 BURCH DRIVE, CHARLOTTE NC 28221**

2. Principal Place of Business (21-23) and Mailing Address (24-26) details.

3. Date incorporated or Qualified: **12/21/1987**

3a. Date of Last Report: **04/27/1994**

4. FEI Number: **56-1428449**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **THE PRENTICE HALL CORP. SYSTEM, INC., 110 NORTH MAGNOLIA STREET, TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORTON, RONALD L.
STREET ADDRESS	ONE HARDIN CT
CITY - ST - ZIP	TERRELL NC
TITLE	VD
NAME	CHESNEY, MARTIN H
STREET ADDRESS	2060 N SHERMAN AVE
CITY - ST - ZIP	PANAMA CITY FL
TITLE	ST
NAME	HORTON, DIANNE C
STREET ADDRESS	ONE HARDIN COURT
CITY - ST - ZIP	TERRELL NC
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chisney, Mark
2.3 STREET ADDRESS	2711 Burch DR
2.4 CITY - ST - ZIP	Charlotte, NC 28269
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 checked="" type="checkbox"/> Addition
4.2 NAME	Anderson, Neville
4.3 STREET ADDRESS	4745 Hugh Howell Rd
4.4 CITY - ST - ZIP	Tucker, GA 30084
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 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 changed, or on an attachment with an address.

SIGNATURE: Dianne C. Horton Dianne C. Horton 4-5-95 704-598-9782
Secretary