


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Aug 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17328 (6)

1. Corporation Name
HEPACO, INC.



Principal Place of Business 2711 BURCH DR CHARLOTTE NC 28269 US	Mailing Address P.O. BOX 26308 2711 BURCH DRIVE CHARLOTTE NC 28221
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/21/1987	3a. Date of Last Report 01/30/1996
4. FET Number 56-1428449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____ 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD HORTON, RONALD L.	1.2 NAME	Leonard Fiume
STREET ADDRESS	ONE HARDIN CT	1.3 STREET ADDRESS	2711 Burch Drive
CITY-ST-ZIP	TERRELL NC	1.4 CITY-ST-ZIP	Charlotte NC 28269
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V CHANEY, MARK	2.2 NAME	Horton, Ronald L.
STREET ADDRESS	2711 BURCH DR	2.3 STREET ADDRESS	2711 Burch Drive
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	Charlotte NC 28269
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST HORTON, DIANNE C	3.2 NAME	Horton, Dianne C
STREET ADDRESS	ONE HARDIN COURT	3.3 STREET ADDRESS	2711 Burch Drive
CITY-ST-ZIP	TERRELL NC	3.4 CITY-ST-ZIP	Charlotte NC 28269
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V ANDERSON, NEVILLE	4.2 NAME	
STREET ADDRESS	4745 HUGH HOWELL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS SWARTZEL, RICHARD A	5.2 NAME	
STREET ADDRESS	2711 BURCH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ **8-4-97 1-800-888-7689**

CP2E034 (4/97)