

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

FILED

**Jan 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P17328 (6)
1. Corporation Name
HEPACO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2711 BURCH DR CHARLOTTE NC 28269 US**
Mailing Address: **P.O. BOX 26308 2711 BURCH DRIVE CHARLOTTE NC 28221**

3. Date Incorporated or Qualified: **12/21/1987**
4. FEI Number: **56-1428449**
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; 24 Country
2a. Mailing Address: 26 Suite, Apt #, etc; 27 City & State; 28 Zip; 29 Country; 30

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; 85 Zip Code: **FL**

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: _____ (NOT: Registered Agent signature required when translating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, RONALD L.	12 NAME	
STREET ADDRESS	2711 BURCH DR	13 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIUME, LEONARD	22 NAME	
STREET ADDRESS	2711 BURCH DR	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, DIANNE C	32 NAME	
STREET ADDRESS	2711 BURCH DR	33 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, NEVILLE	42 NAME	
STREET ADDRESS	4745 HUGH HOWELL RD	43 STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA	44 CITY-ST-ZIP	
TITLE	A S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZEL, RICHARD A	52 NAME	
STREET ADDRESS	2711 BURCH DR	53 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(c), 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 for the purpose of being 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 from an attachment with an address

CP2E034 (10/97)