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Apr 09 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 # **P31690** (1)

1. Corporation Name

~~SOUTHEAST SWITCH, INC.~~
HONOR TECHNOLOGIES, INC.



Principal Place of Business

2800 LAKE LUCIEN DR.
SUITE 418
MAITLAND FL 32751
US

Mailing Address

2800 LAKE LUCIEN DR.
SUITE 418
MAITLAND FL 32751-7232
US

3. Date Incorporated or Qualified

10/30/1990

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

180

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

180

28

City & State

29

Zip

Country

30

4. FEI Number

59-3024662

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
BENNION, THOMAS O.
STREET ADDRESS 2800 LAKE LUCIEN DR STE 113
CITY- ST- ZIP MAITLAND FL

TITLE ☐ DELETE

NAME T
RECOB, STANLEY E
STREET ADDRESS 2800 LAKE LUCIEN DR STE 113
CITY- ST- ZIP MAITLAND FL

TITLE ☐ DELETE

NAME D
SALE, ALVIN F
STREET ADDRESS ONE FIRST UNION CENTER
CITY- ST- ZIP CHARLOTTE NC

TITLE ☒ DELETE

NAME C
PALMER, JONATHAN J
STREET ADDRESS 50 N LAURA ST 41ST FLOOR
CITY- ST- ZIP JACKSONVILLE FL

TITLE ☒ DELETE

NAME EVP
HESTER, TRUMAN L
STREET ADDRESS 2800 LAKE LUCIEN DR STE 113
CITY- ST- ZIP MAITLAND FL

TITLE ☐ DELETE

NAME SVP
LEFERVE, CHARLES K
STREET ADDRESS 2800 LAKE LUCIEN DR STE 113
CITY- ST- ZIP MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

SVP/T

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

C

C. Leon Wilson
2501 Wooten Boulevard
Wilson, NC 27893

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

EVP

Paul Schmelzer
2600 Lake Lucien Drive, Suite 180
Maitland, FL 32751-7232

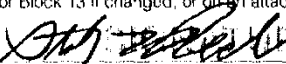
6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:  Stanley E. Recob, SVP/Treasurer

(407)875-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 00097

CR2E034 (9/96)