

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

0010335

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90107 040 ***150.00

DOCUMENT # 852685

1. Corporation Name
HEEDE SOUTHEAST, INC.



Principal Place of Business
11608 DOWNS ROAD
P.O. BOX 11001
CHARLOTTE NC 28220

Mailing Address
11608 DOWNS ROAD
P.O. BOX 11001
CHARLOTTE NC 28220

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 11608 DOWNS ROAD
Suite, Apt. #, etc.
22
City & State
23 PINEVILLE NC
Zip
24 28134 25 Country
26 11608 DOWNS ROAD
Suite, Apt. #, etc.
27
City & State
28 PINEVILLE NC
Zip
29 28134 30 Country

3. Date Incorporated or Qualified
04/23/1982

4. FEI Number
56-0773545

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

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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DOUGHERTY, DEBRA
4046 SW 8TH ST
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name CORPORATE SERVICES COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83
84 City TALLAHASSEE FL 85 Zip Code 32301

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: REGISTERED AGENT ALREADY SUBMITTED 2/2/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, T E (ASST)	
STREET ADDRESS	2820 WINDSOR AVENUE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	DE	<input type="checkbox"/> DELETE
NAME	KENNA, D.E.	
STREET ADDRESS	11608 DOWNS RD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, I.R.	
STREET ADDRESS	3718 BARCLAY DOWNS DR.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNA, T. E.	
STREET ADDRESS	11608 DOWNS ROAD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	K	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KEYNA, MICHAEL E.
5.3 STREET ADDRESS	11608 DOWNS RD.
5.4 CITY-ST-ZIP	PINEVILLE, NC 28134
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 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, with all other like empowered.

SIGNATURE:

Debra D.E. KENNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 704-588-3985
Date Daytime Phone #

CR2E034 (11/98)