

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 JAN 17 AM 11:26

DOCUMENT # H67647 (8)

1. Corporation Name
JERRY HEARD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10181 SIX MILE CYPRESS P.O. BOX 1666 FORT MYERS FL 33902	10181 SIX MILE CYPRESS P.O. BOX 1666 FORT MYERS FL 33902

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/23/1985	01/24/1994
4. FEI Number	Applied For
59-2550471	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 has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PALEN, HOWARD
10181 SIX MILE CYPRESS PKWY
FORT MYERS FL 33912

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

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 Agent or printed name of registered agent and title of officer/director. (9/91) Registered Agent signature required when appointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, JERRY	1.2 NAME	
STREET ADDRESS	10181 SIX MILE CYPRESS	1.3 STREET ADDRESS	
CITY, ST., ZIP	FORT MYERS FL	1.4 CITY, ST., ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, MICHAEL	2.2 NAME	
STREET ADDRESS	10181 SIX MILE CYPRESS	2.3 STREET ADDRESS	
CITY, ST., ZIP	FORT MYERS FL	2.4 CITY, ST., ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST., ZIP		3.4 CITY, ST., ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST., ZIP		4.4 CITY, ST., ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST., ZIP		5.4 CITY, ST., ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST., ZIP		6.4 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, and that I am attaching it with an address.

SIGNATURE: *Michael D. Beck* MICHAEL D. BECK 1-10-95 813-278-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR