FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:19

DOCUMENT # 291147 (7)

1. Corporation Name
HEAVY LIFT SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
155 E. PORT ROAD WHS. B RIVIERA BEACH FL 33404 US	P.O. BOX 9319 RIVIERA BCH FL 33419 US

3. Date Incorporated or Qualified: 03/23/1965
3a. Date of Last Report: 01/21/1994

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

4. FEI Number: 59-1097869 ☐ 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

DIAS,ROBERT A
19010 LOXAHATCHEE RIV RD
JUPITER FL 33458

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 agent is an officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DIAS, ROBERT A	1.2 NAME		
STREET ADDRESS	19010 LOXAHATCHEE RIV RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	COLLIER, ROLAND H	2.2 NAME		
STREET ADDRESS	5904 SW WOODHAM ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	BACHMAN, PAMELA A	3.2 NAME	Shields, Nancy M.	
STREET ADDRESS	518 MARLIN RD	3.3 STREET ADDRESS	5904 S.W. Woodham Street	
CITY-ST-ZIP	N PALM BCH FL	3.4 CITY-ST-ZIP	Palm City, FL 34990	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	DIAS, GLEN A	4.2 NAME		
STREET ADDRESS	16205 134TH TERRACE N.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: Nancy M. Shields 1/22/95 407-848-2576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Telephone Number
Nancy M. Shields

0436378 FP