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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # 299622

(1)

HEATHERINGTON MACHINE CORPORATION

SIGNATURE: Clauda Thomas on signature and typed on Printed Admit of Signature

, , , , , , , , , , , , , , , , , , , ,						
Principal Place of Business Mailing Address						
3123 SHADER RD ORLANDO FL 32806 US		3123 SHADER RD ORLANDO FL 32808 US		<u>}</u>		
ŲS		US			3. Date Incorporated or Qualified 12/10/1965	3a. Date of Last Report 05/01/1995
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-1110181	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City R State	City & State		Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	, <u> </u>		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	
24		25 29 30 ame and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
	<u> </u>		8	1 Name		<u> </u>
	r,william G		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable	ie)
140 S COURT ST ORLANDO FL 32801			Ā	3	<u> </u>	
UHLAN	DO FL 32801					
			8	4 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statut da. Such change was authoria	tes, the above	named corpor	ration submits this statement for the purp rd of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
familiar with	n, and accept the obligations of, Sect	ion 607.0505, Florida Statute	S.		, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE	lignature, typed or printed name of registered egrant	and title if applicable (N	OTE: Registered A	gent signature require	d when reinstating)	DATE
12.	OFFICERS AN	····	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 1111	F		Change C Addition
NAME	HEATHERINGTON JR,MARI	(W	1.2 NAM	E		
STREET ADDRESS	3123 SHADER ROAD			ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL D	DELETE	1.4 CITY 2.1 TITL	- S1 - 71P		Change Addition
TITLE	HEATHERINGTON, CLAIRE	-	2.2 NAN			Change Norman
NAME STREET ADDRESS	3123 SHADER ROAD	''	- 4	ET ADORESS		
C:TY-ST-ZIP	ORLANDO FL			-ST-ZIP		
TITLE	S	☐ DELETE	3 1 1111			Change Addition
NAME	THOMPSON, CLAUDIA		3.2 NAN	E		
STREET ADDRESS	3123 SHADER ROAD		3 3 STR	EE1 ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3 4 CITY	'-ST-ZIP		
TITLE	Р	☐ DELETE	4. 1 1/10	.E		Change Addition
NAME	HEATHERINGTON, MARK \	₩.	4.2 NAN	i		
STREET ADDRESS	3123 SHADER ROAD			FET ADDRESS		
C(TY - ST - ZIP	ORLANDO FL	C) brists		- \$1 - 212		Change Addition
TITLE		☐ DELETE	5 1 TITU			Charge L Addition
NAME			5.2 NAM			
STREET ADDRESS				EET ADDRESS '- ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6 17(1)			Change Addition
NAME			6 2 NAN			- -
STREET ADDRESS				EET ADDRESS		
CITY - SY - ZIP			6.4 CIT1	r-ST-ZIP		
certify that oath; that I	the information indicated on this ann	ual report or supplemental an oration or the receiver or trust	inual report is ee empowere	true and accura	for the exemption stated in Section 119, ate and that my signature shall have the iis report as required by Chapter 607, Fi	same legal effect as if made under

4-11-96 409-293-1943 Dayline Proce 1