

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


FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90087 009 ***158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 340484 1. Corporation Name HEIDT & ASSOCIATES, INC.					
Principal Place of Business 2212 SWANN AVE TAMPA FL 33606			Mailing Address 2212 SWANN AVE TAMPA FL 33606		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1969	
21		26		4. FEI Number 59-1226124	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BAHLKE, WILLIAM 825 OREGON AVE TAMPA FL 33606			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	DILLION, ROBERT L				
STREET ADDRESS	2704 CHAMBRAY LN				
CITY-ST-ZIP	TAMPA FL				
TITLE	CEO <input type="checkbox"/> DELETE				
NAME	ANDREWS, EDWARD A				
STREET ADDRESS	118 ASHBROOK DR.				
CITY-ST-ZIP	BRANDON FL				
TITLE	ST <input type="checkbox"/> DELETE				
NAME	HENRY, E. T.				
STREET ADDRESS	1013 GUI SANDO DE AVILA				
CITY-ST-ZIP	TAMPA FL				
TITLE	V <input type="checkbox"/> DELETE				
NAME	LUCAS, JAMES B.				
STREET ADDRESS	7022 OAKVIEW CIR.				
CITY-ST-ZIP	TAMPA FL				
TITLE	S <input type="checkbox"/> DELETE				
NAME	ROUTT, JOAN J. (ASS'T)				
STREET ADDRESS	17123 MOCKINGBIRD LN				
CITY-ST-ZIP	LUTZ FL				
TITLE	P <input type="checkbox"/> DELETE				
NAME	BAHLKE, WILLIAM P.				
STREET ADDRESS	825 S OREGON AVE				
CITY-ST-ZIP	TAMPA FL				
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 <input 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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: Robert L. Dillion **SIGNATURE REQUIRED** Robert L. Dillion 1/28/99 (813) 253-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)