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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 377820

(6)

## FILED Apr 30 1997 8:00am Secretary of State

| HEARTLAND SERVICE CORPORATION  Principal Place of Business Mailing Address 205 EAST ORANGE STREET 205 EAST ORANGE STREET POST OFFICE BOX 1527 LAKELAND FL 33802 LAKELAND FL 33802-1527   |  |  |  |  |  |                 |                       |   |
|--|--|--|--|--|--|-----------------|-----------------------|---|
|  |  |  |  |  | 3. Date Incorporated or Qualifie 02/24/1971  |                 | ate of Las<br>01/1996 |   |
|  | Place of Business  | 2a. Mailing Address  |  |  | 4. FEI Number<br>59-1356897  |                 |                       | Applied For<br>Not Applicable                                 |
| Suite, Apt   | #, etc   | Suite, Apt. #, etc.  |  | <del></del> .  | Certificate of Status Desired  |                 | \$8.7                 | 5 Additional<br>Required                                      |
| City & Stat  | te   | City & State   |  |  | 6. Election Campaign Financing   |                 |                       | O May Be  |
| 23   | Ot-  | 28   | 1 6  |  | Trust Fund Contribution  |                 | Add                   | ed to Fees  |
| Z(p<br>24}   | Country 25   | Zip 29   | Count  | ıry  | This corporation has liability to Florida Statutes   | for intanglible |                       | er s. 199,032,  |
| 1  | 9. Name and Address of Curr  |  |  |  | 10. Name and Address of New  |                 |                       |   |
|  | TH, LEVIE D.   |  | 8  | II Name  |  |                 |                       |   |
|  | EAST ORANGE STREET<br>ELAND FL 33802   |  | (_   |  | dress (P.O. Box Number is Not Accep  | otable)         |                       |   |
|  |  |  | 8  | 33   |  |                 |                       |   |
|  |  |  | ē  | 34 City  |  | FL              | 85 Z                  | ip Code   |
|  |  |  | auti lorizou   | by the corpore   | ation's board of directors. I hereby ac  | scopt the up    | DOMESTIC: 11          | as registered   |
| SIGNATURE  | Stynature, typed or printed name of registered   | agent and lide if applicable (NOT  | E Registered   |  | rporation submits this statement for the ation's board of directors. I hereby accurred when reinstates | DATE            |                       |   |
| SIGNATURE  | Signature, typed or printed name of registered OFF ICER'S A  |  |  | Agant signature req  |  | DATE            |                       | ORS IN 12   |
| SIGNATURE<br>12.<br>Till   | Stignature, typical or printed name of registered OFF ICERS A CP SMITH, LEVIE D.   | agent and lide if applicable (NOT  | TE Registered /  | Agent signature req  | uired when reinstating)  | DATE            | D DIRECT              | ORS IN 12   |
| SIGNATURE  12.  TILE  NAME   | Signature, typical or printed name of registered OFF ICERS A CP SMITH, LEVIE D. 515 LAUREL LANE  | agent and lide if applicable (NOT  | 13.<br>1.1 TITL  | Agent signature req  | uired when reinstating)  | DATE            | D DIRECT              | ORS IN 12   |
| SIGNATURE  12.  THE NAME STREET ADDRESS CHY-ST-ZIP   | Stypedore, typical or printed name of registered OFF ICERS A CP SMITH, LEVIE D. 515 LAUREL LANE LAKELAND FL  | egent and tole if applicable (NOT<br>AND DIRECTORS DELETE  | 13.<br>1.1 TITL<br>1.2 NAM<br>1.3 STRI<br>1.4 City   | Agent signature req  f  IE  EET ADDRESS  (-ST-ZIP  | uired when reinstating)  | DATE            | D DIRECT              | ORS IN 12<br>ge Addition                                      |
| SIGNATURE  12.  TILE  NAME  STREET ADDRESS   | Stypedare, typicd or pisted name of repisseed OFFICERS A CP SMITH, LEVIE D. 515 LAUREL LANE LAKELAND FL  | agent and lide if applicable (NOT  | 13.<br>1.1 TITL<br>1.2 NAM<br>1.3 STRI<br>1.4 CHY<br>2.1 TITL  | Agent signature req  f  tE  EET ADORESS  (-ST-ZIP  E   | uired when reinstating)  | DATE            | D DIRECT              | ORS IN 12<br>ge Addition                                      |
| SIGNATURE  12.  THE NAME STREET ADDRESS CHY-ST-ZIP THEE  | Stypedore, typical or printed name of registered OFF ICERS A CP SMITH, LEVIE D. 515 LAUREL LANE LAKELAND FL  | egent and tote if applicable (NOT AND DIRECTORS DELETE   | 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM  | Agent signature req  f  tE  EET ADORESS  (-ST-ZIP  E   | uired when reinstating)  | DATE            | D DIRECT              | ORS IN 12<br>ge Addition                                      |
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| SIGNATURE  12.  171.  17 | CP SMITH, LEVIE D. 515 LAUREL LANE LAKELAND FL VT SEMCHUK, PETER T. 2144 EMERALD FL S  | egent and tele if applicable (NOT AND DIRECTORS DELETE  DELETE  DELETE  DELETE   | 13. 1.1 TITE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITE 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITE 3.2 NAM 3.3 STRI   | Agent signature requirements of the second signa | uired when reinstating)  | DATE            | D DIRECT Chang        | ORS IN 12  ge Addition  ge Addition                           |
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.

(N/H/Treasurer

SIGNATURE:

\_\_\_\_

911 - 699 - 69 //