

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 15 1997 8:00am  
Secretary of State

DOCUMENT # **454362** (5)

1. Corporation Name

**JOHN HEEMSATH, INSURANCE, INC.**

Principal Place of Business

**2786 S.W. MAPP ROAD  
P.O. BOX 948  
PALM CITY FL 34990-7948**

Mailing Address

**P. O. BOX 948 N/A  
PALM CITY FL 34991-0948  
US**

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/07/1974</b>                                                                                                      | 3a. Date of Last Report<br><b>07/30/1996</b>           |
| 4. FEI Number<br><b>59-1547115</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 6. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. **34991-0948**

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, WILLIAM D  
525 SW CAMDEN AVENUE  
STUART, FL**

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

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PDT**  
STREET ADDRESS **HEEMSATH, JOHN**  
CITY- ST- ZIP **1889 S.W. WOODSIDE WAY  
PALM CITY, FL 00000 34990**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **New zip code**  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP **34990**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **HEEMSATH, MACEY A**  
CITY- ST- ZIP **1889 S.W. WOODSIDE WAY  
PALM CITY, FL 00000 34990**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **New zip code**  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP **34990**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. 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 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:

**John Heemsath, Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN HEEMSATH**

**4-30-97**

Date

**561 287-6842**

Daytime Phone

0475120

CR2E034 (9/96)