

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Laura B. Santorum
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # 503742

(9)

HEATH-JO, INC.

3045 N. FEDERAL HWY
BLDG. 32
FT LAUDERDALE FL 33306

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BLDG. 32
FT LAUDERDALE FL 33306

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 05/18/1976	3a. Date of Last Report 04/28/1994
4. FIC Number 59-1674881	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. Does corporation have liability for delinquency fees under § 100.012, Florida Statutes? ☒ Yes ☐ No	

2. Principal Office Address 21. State Apt. # etc. 22. City & State 23. Zip	2b. Mailing Address 26. State Apt. # etc. 27. City & State 28. Zip
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9. Name and Address of Current Registered Agent DONNELLY, WYNN 1752 NW 3 TERRACE FT LAUDERDALE FL	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.014(2) 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 of Registered Agent required when appointing)

(Signature of Registered Agent required when resigning)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	PST DONNELLY, WYNN 1752 NW 3 TERRACE FT LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	D DONNELLY, WYNN 1752 NW 3 TERRACE FT LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, not equally for the exemption stated in Sections 119.01(4), 906, 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 of this report, or is an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WYNN DONNELLY Pres

5895 305-565-3440