FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **650212** **(4)**

1. Corporation Name
THE HEISHMAN CORPORATION

Principal Place of Business	Mailing Address
3685 N. COUNTY RD. 13A LOT 1 ST.AUGUSTINE FL 32092	3685 N. COUNTY RD. 13A LOT 1 ST.AUGUSTINE FL 32092

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 7020 county Rd. 16 A west	2a. Mailing Address: 26 7020 county Rd. 16 A west
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 ST Augustine FL	City & State: 28 ST Augustine FL
Zip: 24 32092 — Country: 25 ST Johns	Zip: 29 32092 — Country: 30 ST Johns

3. Date Incorporated or Qualified: **01/04/1980**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-1967167** ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HEISHMAN, BRUCE A.
3685 N. COUNTY RD. 13A LOT 1
ST. AUGUSTINE FL 32092

10. Name and Address of New Registered Agent

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	PST	1.1 TITLE	ST ☒ Change ☐ Addition
NAME	HEISHMAN, BRUCE A	1.2 NAME	Heishman, Bruce A
STREET ADDRESS	3685 N CNTY RD 13A LOT 1	1.3 STREET ADDRESS	7020 county Rd 16 A west
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST Augustine FL 32092
TITLE	P	2.1 TITLE	P ☐ Change ☒ Addition
NAME	~~Gloria J Heishman~~	2.2 NAME	Heishman, Gloria J.
STREET ADDRESS	~~7020 county Rd 16 A west~~	2.3 STREET ADDRESS	7020 county Rd 16 A west
CITY-ST-ZIP	ST. Augustine FL. 32092	2.4 CITY-ST-ZIP	ST. Augustine FL. 32092
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	~~Bruce A Heishman~~	3.2 NAME	
STREET ADDRESS	7020 county Rd 16 A west	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST Augustine FL. 32092	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bruce A. Heishman Bruce A. Heishman ST April 29/95 (904) 824-1585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007280 CP