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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

650212 **DOCUMENT #**

(4)

THE	HEISHMA	N CUB	PORATION

IHE	HEISHMAN GURPURATIC	N			i				
Principal Pla	ace of Business	Mailing Address							
7020 COUNTRY RD. 16 A WEST ST.AUGUSTINE FL 32092 US			7020 COUNTRY RD. 16 A WEST ST.AUGUSTINE FL 32092 US		3. Date incorporated or Qualified	So Do	le of Last F	Payed	
						01/04/1980	1	05/01/1	•
2. Principal	Place of Business	2a. Mailing Address 26				4. FEI Number 59-1967167			Applied For Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	[]		5 Additional Required
City & St	ale	Orty & State				Election Campaign Financing Trust Fund Contribution			00 May Be
<i>Z</i> _I p	Country 25	Country Zip Country				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes TNo			
	g, Name and Address of Cu		15.71.			10. Name and Address of New F		Agent	
•			81		Name			·-···	
HEISHMAN, BRUCE A.			82	1	Street Addres	Address (P.O. Box Number is Not Acceptable)			
3685 N. COUNTY RD. 13A LOT 1 ST. AUGUSTINE FL 32092			83						
			84	-	City	9.5 . 10.11.11.11.11.11.11.11.11.11.11.11.11.1	Fl	8 5 Z	ip Code
or regis	Signature, typed or printed name of registered	Florida: Such change was authorize Section 607.0505, Florida Statutes	ed by the corp	oor	med corporati ation's board ignature required w	of directors. I hereby accept the app	pose of chointment a	s registere	d agent. I am
TITLE :	ST	[] DELETE	13.			ADDITIONS/CHANGES TO OFF		D DIRECTO	
NAME	HEISHMAN, BRUCE A	F) when	1.2 NAME					Ghange	Addition
STREET ADDRESS	s 7020 COUNTRY RD. 16 /	A WEST	1.3 STREE						
CHY-ST-ZIP TITLE	ST. AUGUSTINE FL	DELFTE	1.4 CITY-	ST	ZIP			F1 64	F7 1440
NAME	'	Divini	2. 1 TITLE					Change	Addition
STREET ADDRESS	HEISHMAN, GLORIA J. 7020 COUNTRY RD. 16 / ST. AUGUSTINE FL	A WEST	22 NAME 23 STREE]
CHY-ST-ZIP TITLE	SI. AUGUSTINE FL	[] DELETE	24 City - :		ZIP			Change	C) Addition
NAME		C.J bett it	3.2 NAME					Change	Addition
STREET ADDRES	s		3.3 STREE	1 A(DORESS				
CITY-ST-ZIP		D DELLA	34 CHY-	\$1-	ZIP				
TITLE		DELETE	4 1 THLE					Change	Addition
NAME			4.2 NAME						
STREET ADDRESS	->		4 3 STREE						
CITY-ST-ZIP TITLE		[] DELETE	4.4 CITY - 5 5.1 TITLE	S1-	ZIF			Change	[] Addition
NAME		orecte	5.2 NAME					[] Grange	Addition
STREET ADDRESS				LAD	operee				
CITY - ST - ZIP	~		5.3 STHEE						
TITLE		[] DELETE	5.4 CITY - 3 6.1 TITLE	٠٠٠.	¢ IF	*** 191 MS - A		□ Change	Addition
NAME			6 2 NAME						_j radiioii
STREET ADDRESS	s		6.3 STREE	I AD	DDRESS				
CITY-S1-ZIP			64 0/1Y-5		1				
14. I do her	eby certify that the information suppl	ed with this filing is voluntarily furni	ished and doc	e r	not qualify for t	the exemption stated in Section 119	.07(3)(k), FI	orida Statu	utes. I further
certify tr	hat the information indicated on this a lat I am an officer or director of the cr s in Block 12 or Block 13 if changed,	annual report or supplemental anno orporation or the receiver or trusted	ual report is to empowered	160	and accurate.	and that my signature shall have the	eamo logo	1 offoot on	if prodounder

SIGNATURE:

. ,

SIGNAL OF AND TYPEOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joint 21 1496 904 B24-1585