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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 650212

(4)

THE HEISHMAN CORPORATION

May 01 1998 8:00am
Secretary of State

**FILED** 

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City & State City & State B. Election Campaign Financing \$5.00 May Be							
STAUGUSTINE FL 2002  2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 3. Date Incorporated Or Qual	Principal Place	e of Business	Mailing Address	;			E CODING OFFICE BRICE BRAIN CODES INDICATED BRIGHT CODES BRIGHT CODES CODES
2. Maining Address   2a. Maining Address   59-1967167     Applicable   Suite, Apt #, etc.   27   Suite, Apt #, etc.   28   Suite, Apt #, etc.   29	8T.AUGUSTIN		ST.AUGUSTINE				3. Date Incorporated or Qualified
Suite, Apt. #, etc.  Suite, Ap							
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   State   Status Desired   S8,75 Additional Foe Required City & State   City & State   City & State   City & State   Status Desired   S8,00 May Be Added to Fees   Added to Fees   Added to Fees   Added to Fees   S8, Name and Address of Current Registered Agent   S9, Name and Address of New Registered Ag	<u> </u>	lace of Business	├-¬ "	ess			Trophod For
City & State  Ci		# Atc		etc			
28   29   30   20   25   29   30   30   30   30   30   30   30   3	22		27				6. Certificate of Status Desired
25   29   30   Personal Property Tax due June 30   Ves   No   No   No   No   No   No   No   N	23		28				
HEISHMAN, BRUCE A. 7020 CT R0 16 A W ST. AUGUSTINE FL 32092  11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and maintain with and accept the objections of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Tam familiar with, and accept the objections of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Symbol or passed injury and title darpécable   NOTE Registered Agent signaluse required when rendating)   DATE     12. OFFICE IS AND DIRE CLORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   ST	<del></del>	<b>├</b> ─7	} <sub>7</sub>	$\vdash$	untry	1	
HEISHMAN, BRUCE A. 7020 CT RD 18 A W \$T. AUGUSTINE FL 32092  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 agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the approximate as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typest or patient name thing sent life in applicable.   NOTE: Registered Agent Bignature required when rendaling)   DATE	24	<del></del>		30	_		
TOZO CT RD 16 A W ST. AUGUSTINE FL 32092  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, syred or percent near of agreemed agent agent and statutes agreed agent signature required when reintaling) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  ST	UE	<del></del>	nt Registered Agent	,	R1	Name	10. Name and Address of New Hegistered Agent
ST. AUGUSTINE FL 32092  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 agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the original state of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and the original state of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent sprature required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ST HEISHMAN, BRUCE A  7020 COUNTRY RD. 16 A WEST  SITE ADDRESS  CITY-S1-ZIP  DELETE  1.1 TITLE  1.2 NAME  1.3 STREEL ADDRESS  CITY-S1-ZIP  P/ S/T  Change Addition Addition  NAME  1.4 CITY-S1-ZIP  Change Addition  Addition  AMAE  STREET ADDRESS  CITY-S1-ZIP  1.4 CITY-S1-ZIP  Addition  AMAE  STREET ADDRESS  CITY-S1-ZIP  3.3 STREEL ADDRESS  CITY-S1-ZIP  3.4 CITY-S1-ZIP  4.4 CITY-S1-ZIP  Addition  AMAE  STREET ADDRESS  CITY-S1-ZIP  4.4 CITY-S1-ZIP					L		
84   City   FL   85   Zip Code					82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
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  SIGNATURE  SIGNATURE  OFFICE RS AND DIRE CLORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ST	] "	ACCOUNTE 1 E OEOSE			83		
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SIGNATURE Signature: typed or printed noise of legistered right, and take it applicable.  12. OF FICE RS AND DIRE CLORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE NAME HEISHMAN, BRUCE A 7020 COUNTRY RD. 16 A WEST STREET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE ST. AUGUSTINE FL DELETE 1.1 IIILE 1.2 IIILE 2 I TITLE 2 I TITLE 3 ST. AUGUSTINE FL DELETE 2 1 TITLE 3 ST. AUGUSTINE FL DELETE 2 1 TITLE 3 ST. AUGUSTINE FL DELETE 3 STREET ADDRESS CITY-ST-ZIP TITLE 3 STREET ADDRESS CITY-ST-ZIP TITLE 4 Change Addition SIRRET ADDRESS CITY-ST-ZIP TITLE 5 ST. AUGUSTINE ST.	Office or re	<b>egist</b> ered agent, or both, in the State	e of Florida. Such char	ne was authorize	ed be	the corpo	corporation submits this statement for the purpose of changing its registered
12. OF FICE RS AND DIRE CTORS  TITLE ST DELETE NAME HEISHMAN, BRUCE A 7020 COUNTRY RD. 16 A WEST STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE ST. AUGUSTINE FL DELETE DELETE DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS TO COUNTRY RD. 16 A WEST 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 TITLE 22 NAME 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP 35 NAME 37 NA		m t <b>a</b> mıllar with, and accept the obliç	gations of, Section 607	.0505, Fiorida 518	atute	S.	
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NAME STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL  DELETÉ 1.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETÉ 21 TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETÉ 22 NAME 23 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETÉ 31 TITLE  Addition  Change Addition  Change Addition  Addition  Addition  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  Addition  STREET ADDRESS CITY-ST-ZIP  3.3 STREET ADDRESS CITY-ST-ZIP  3.4 CITY-ST-ZIP							
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STREET ADDRESS  G3 STREET ADDRESS  G4 CITY-S1-ZIP  G4 CITY-S1-ZIP							

14. I 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the inform