Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 697020

1. Corporation Name

City & State

23

HEFANY, MAHBLE & CHEAT	UNS, INC.					
Principal Place of Business	Mailing Address					
POB 12290 JACKSONVILLE FL 32209	POB 12290 JACKSONVILLE FL 32209					
2. Principal Place of Business	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					

28

City & State

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed

08/01/1981 4. FEI Number

59-2109452

5. Certifcate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

May 04, 1999 8:00 am Secretary of State 05-04-1999 90154 024 ***150.00

Zip	Country	Zip		Country		8. This corp	oration owes the cu	ırrent year Inta	ingible	· · ·
4	25	29	30				Property Tax.		Yes	₽No_
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
BAF	RNHART, SR., CHARLES W			81	Name	· · · · · · · · · · · · · · · · · · ·				
3968 W FINCANNON RD			82	Street A	ddress (P.O. Box N	lumber is Not Accep	otable)			
	KSONVILLE FL 32211			83						
U/C	NOOTTILLE I'L GEETT			"						
,				84	City			FL		p Code
office or i	to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such chan	ge was autho	orized by	the corpor	orporation submits ation's board of dir	this statement for the ectors. I hereby acc	ne purpose of ept the appoir	changing itment as	its registered registered
SIGNATURE		~						DATE		
40	Signature, typed or printed name of registered agent at		(NOTE: Reg	13.	t signature req	quired when reinstating)	IS/CHANGES TO C		D DIRECT	TORS IN 12
12.	OFFICERS AND		ELETÉ		- 1	וסווופפא	13/01/AITOLO TO C	771100110711	Chang	
TITLE	P PARTITION OF START SO IN		CLEIL	1.1 TITLE	-				[_]	
NAME	BARNHART, SR., CHARLES W			1.2 NAME						
STREET ADDRESS				1.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-S	-ZIP					
TITLE		⊔D	ELETE	2.1 TITLE					Chang	e
NAME				2.2 NAME	ļ					
STREET ADDRESS	s			2.3 STREET	ADDRESS	•				
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP			ž e	<u>. </u>	
TITLE			ELETE	3.1 TITLE					Chang	e 🗀 Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP	1			3.4. CITY-S	T-ZIP					
TITLE		□ D	ELETE	4.1 TITLE				-	Chang	e Addition
NAME				4.2 NAME						
STREET ADDRESS	,			4.3 STREET	ADDRESS .	-				
	î[4.4 CITY-ST						
TITLE			ELETE	5.1 TITLE	-211				Chang	e Addition
	}	٥٠		5.2 NAME	1					
NAME				5.3 STREET	ADDRESS				-	
STREET ADORESS	6			5.4 CITY-S						
CITY-ST-ZIP			ELETE	6.1 TITLE	-211			_	[Chang	e
TITLE)		CLC(E		}				C Cuang	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET						
CITY-ST-ZIP	<u> </u>			6.4 CITY-ST						
14. I hereby	certify that the information supplied with	this filing does not	qualify for the	exempti	on stated i	in Section 119.07(3	(i), Florida Statutes	s, I further ceri	ify that the	e information

officer or director of the corporat Block 12 or Block 13 if changed, is annual report is true and accurate and that my signature shall have the same legal effect as it made under dail, that I am all year or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the things of the same legal effect as it made under that my name appears in the same legal effect as it made under that my name appears in the same legal effect as it made under that my name appears in the same legal effect as it made under that my name appears in the same legal effect as it made under the same legal effect as it made under that all the same legal effect as it made under the same legal effect as it made under that all the same legal effect as it made under that all the same legal effect as it made under the same legal eff

SIGNATURE: