


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 841745 (3) 1. Corporation Name HEUER UTILITY CONTRACTORS, INC.					
Principal Place of Business 12405 44TH STREET NORTH CLEARWATER FL 34622			Mailing Address P. O. BOX 17959 CLEARWATER FL 34622-0959 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/31/1978 3a. Date of Last Report 04/26/1996 4. FEI Number 16-0956355 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ALLAN D. HEATH 12405 44TH ST. N. CLEARWATER FL 34622			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		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input checked="" type="checkbox"/> DELETE 1.2 NAME STD TERRY, BREND A 1.3 STREET ADDRESS 12405 44TH ST. N. CLEARWATER FL 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME VP TERRY, DONALD J. JR. 2.3 STREET ADDRESS 12405 44TH ST N CLEARWATER, FL 00000 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME PD TERRY, GREGG C 3.3 STREET ADDRESS 12405 44TH ST N CLEARWATER FL 3.4 CITY-ST-ZIP 4.1 TITLE <input checked="" type="checkbox"/> DELETE 4.2 NAME VPC TERRY, DONALD J SR. 4.3 STREET ADDRESS 12405 44TH ST N CLEARWATER FL 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME VP HINES, ROBERT E 5.3 STREET ADDRESS 12405 44TH ST N CLEARWATER FL 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME STD HEATH, ALLAN D. 1.3 STREET ADDRESS 12405 44TH ST. N. CLEARWATER, FL 34622 1.4 CITY-ST-ZIP 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VPD 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CLEARWATER, FL 34622 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CLEARWATER, FL 34622 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME AS GROVES, LISA M. 4.3 STREET ADDRESS 12405 44TH ST. N. CLEARWATER, FL 34622 4.4 CITY-ST-ZIP 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS CLEARWATER, FL 34622 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
14. I do 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 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: <u>ALLAN D. HEATH</u> ALLAN D. HEATH STD 4/16/97 813-573-1921 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)