

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 # 841745

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
US

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90056 043 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1978

4. FEI Number

16-0956355

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. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1400 STARKEY ROAD

Suite, Apt. #, etc.

22 City & State

23 LARGO, FLORIDA

Zip Country

24 33771

25 USA

2a. Mailing Address

26 P.O. BOX 17959

Suite, Apt. #, etc.

27 City & State

28 CLEARWATER, FLORIDA

Zip Country

29 33762

30 USA

9. Name and Address of Current Registered Agent

ALLAN D. HEATH
12405 44TH ST. N.
CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1400 STARKEY ROAD

83

84 City
LARGO

FL

85 Zip Code
33771

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 ALLAN D. HEATH STD

Allan D. Heath

4/06/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE
NAME HEATH, ALLAN D
STREET ADDRESS 12405 44TH ST. N.
CITY-ST-ZIP CLEARWATER FL

TITLE VPD ☐ DELETE
NAME TERRY, DONALD J. JR.
STREET ADDRESS 12405 44TH ST N
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ DELETE
NAME TERRY, GREGG C
STREET ADDRESS 12405 44TH ST N
CITY-ST-ZIP CLEARWATER FL

TITLE AS ☐ DELETE
NAME GROVES, LISA M
STREET ADDRESS 12405 44TH STREET N
CITY-ST-ZIP CLEARWATER FL

TITLE VP ☒ DELETE
NAME HINES, ROBERT E
STREET ADDRESS 12405 44TH ST N
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1400 STARKEY ROAD
1.4 CITY-ST-ZIP LARGO, FL 33771

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1400 STARKEY ROAD
2.4 CITY-ST-ZIP LARGO, FL 33771

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1400 STARKEY ROAD
3.4 CITY-ST-ZIP LARGO, FL 33771

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1400 STARKEY ROAD
4.4 CITY-ST-ZIP LARGO, FL 33771

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE: *Allan D. Heath* ALLAN D. HEATH STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/99

Date

727-581-7744

Daytime Phone #

CR2E034 (1/98)